TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O1595
CERTIFICATE OF DEATH

OTOGO			CERTITION	L OI DEAL			1	
	GANY (if outside corpora	te limits,	MARYLAND c. LENGTH OF STAY IN 1b	a. STATE VA	NCE (Where deceased live)  • If outside corporate li	b. COMMPSH	HIRE	V
	IND GIVE REAREST TOV	vn)	8 DAYS	PURGIT	SVILLE		25	-3
d. NAME OF HOSE		ON (if not in ho	spital, give street address)	d. STREET ADDRESS	S			IS RESIDENC ON A FARM?
3. NAME DF DECEASED		Irst	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	SCC	TT	R. 4.	ALT	DEATH FE		15	1966
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH	last bi	rthday)   Months		Hours   Min
MALE	WHITE	WIDOWED [	OIVORCED _	- 11-24-1	889   76	yrs.		
Oa. USUAL OCCUPATION			ND OF BUSINESS OR DUSTRY		County & State, or foreig	n country)   12. (	CITIZEN OI COUNTRY?	FWHAT
Fa:	rmer			WEST		. U.	. S.	Α.
13. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME			
FRA	ANK ALT			MARY	YOKUM			
15. WAS DECEASED ET			SOCIAL SECURITY NO.   17.	INFORMANT		Address		
no			2-26-1688	MEMORIAL	HOSPITAL	. CUMBE	RLAN	ID, MD
18. CAUSE DF D	EATH [Enter only or	e cause per li	for (a), (b), and (c).]	/ NA	1 .			AL BETWEEN
PART I. OEA	TH WAS CAUSED BY	(a)	rouge	Hype	ul osio	7	05/2	eddo
Conditions, If a	DUE	то		· Mito	- dise	110	2cc	col
gave rise to cause (a), sta	Immediate (	(b) (b)	rouan	and and	Dans			
underlying cause		(c) (	very as	wave	ex.			
PART II. OTHER SI	GNIFICANTCONDITI	ONS CONTRIBU	TING TO DEATH OUT NOT REL	ATED TO THE TERMINAL	L DISEASE CONDITION (	IVEN IN PART 1(a	) 19. \(\frac{1}{F}\)	WAS AUTOPSY PERFORMED?
PART II. OTHER SI	VAS UNDERLYING CAUSE OF DEA	(TH (NER)	ESCRIBE HOW INJURY OCC	URREO. (Enter nature	of Injury in Part 1 or	Part II of Item 1	8.)	
20c. TIME OF IN Hour a.m		Year   20d. IN While at work		ACE OF INJURY (Home, ory, street, office bldg.,		town) (Co	ounty)	(State)
	that (I) (this hos		d the deceased from 2	t death occurred at	19/06, to 2 - 6:15, Arbin the			t (I) <del>-(we)</del> la stated abov
22a. SIGNATUR	- My	7. W	Himan	ATTENOING PHYS.	MED. STA	FF D	OATE SIGN	66.
22c. PHYSICIAN NAME (Typ		F. WIL	LIAMS	22d. AOORESS 1 2 2				
23a. BURIAL, CREMA REMOVAL (Spec Burial	reb.]	THEREOF 18,1966		ery	Brushy		W.	(State)
24. FUNERAL OIREC	CTOR	4 . 33	ADDRESS	and the same of	EC'D BY REGISTRAR	12/10/2		TURE
(In le don	11/1/1/	· Ald Fe	etersburg, W	. Va.	B 28 1966	Clearel	en Ju	fel

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DR. H. F. WILLIAMS 122 S. CENTRE ST.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. ysician and completely filled in by the funeral blease remove carbon papers. Pages 1 and 2 is, and in any event, within 72 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending a director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or remova

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH () 1542

1. PLACE DF DEA	ATH .			DENCE (Where	deceased lived, If ins		idence before admiss	ion)
	LLEGANY	MARYLAND	a. STATE	YLAND	b. COUN	ΔI I F	YMAS	
b. CITY OR TO	WN (if outside corporate limits.   1 c	LENGTH OF STAY IN 1b	c. CITY OR TOW	N (If outside	corporate limits, wr			wn)
	AL and give nearest town)	41 DAYS	-	UMBERL	AND		011	
	OSPITAL OR INSTITUTION (if not in hosp	II DAIL	d. STREET ADDR		ANU		l e. IS RESIDE	NCE
	MORIAL HOSPITAL	ritar, give street address,		IRGINI	A AVE.		ON A FARM	VI?
3. NAME OF	First	Middle	Last	4. DA	TE Month	1	Day Year	
DECEASED (Type or print	FREDERICK	W	ARMBRUST	OF.	ATHFEBRUAR		22 19 66	5
5. SEX	6. COLOR OR RACE   7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	Н	9. AGE (In years)	IF UNDER 1		
MALE	WHITE WIDOWED	DIVORCED [	10-14-	1885	last birthday) 80 yrs.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	lin.
10a. USUAL OCCUP	ATION (Give kind of work done   10b. KIND rking life, even if retired) INDU	O OF BUSINESS OR USTRY	11. BIRTHPLAC	CE (County & St	ate, or foreign country	) 12. CIT	IZEN OF WHAT	
Meat Cu		& Retail	CUMBE	RLAND,	MD.		. S. A.	
13. FATHER'S NA	ME	or and agent	14. MOTHER'S					
GEORG	E W. ARMBRUSTER		DOR	A LEAR	?			
15. WAS DECEASE	DEVER IN U.S. ARMED FORCES?   16. SO	CIAL SECURITY NO.   17.	INFORMANT		Addres	SS		
(Yes, no, or unkown)	(If yes give war or dates of service)		MEMORIAL	HOSPI	TAL, CUN	MBERLA	AND, NO.	
	F DEATH [Enter only one cause per line	for (a), (b), and (c).]					INTERVAL BETWE	EN
PART I.	DEATH WAS CAUSED BY: Carl	managed de	al last	A chel	- huw	l tello	ONSET AND DEAT	Н
420	111000	rejoca de	1 trains	(0 1, 100h	- 6 lorses	role	1	4-
Conditions	f and sublab \ O 1	On the	Hea	A De	20000	10/6	15 400	P
	o Immediate (b)	Morleson 4	1)	1/0.			, , <sub>k</sub>	-
cause (a),	stating the DUE TO							
underlying ca	1 (0)							
- 4 0 /	RSIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	MG TO DEATH BUTNOTRELI	LULED TO THE TERMI	NAL DISEASE O	. /	PART 1(a)	19. WAS AUTOP PERFORMED YES NO	
20a. ACCIDEN OR CONTRIBU	IT WAS UNDERLYING \( \begin{array}{c} 20b. DES \\ \text{ITING} \( \begin{array}{c} CAUSE OF DEATH \\ \text{IOTIFY MEDICAL EXAMINER} \end{array}	SCRIBE HOW INJURY OCCI	JRRED. (Enter nati	ire of Injury Ir	Part I or Part II o	f Item 18.)		M-L
		IDV COOLIDEED LOCK DIS	05 05 10 110 17 11		1011	(0	(04-4)	1
20c. TIME 0		fante	CE OF INJURY (Hor ory, street, office bl	dg., etc.)	f. (City or town)	(Count	ty) (State	1)
MED	1111110	Not White at work						
21. I cert	tify that (i) (this hospital) attended	the deceased from		1955	10 M 2/22	1966	_, that (i) (we)	last
saw the d	leceased alive on 2/2/	1966, and tha	t death occurred	at 5:47	from the causes	and on the	date stated abo	ove.
22a. SIGNAT				,		22b. DAT	E SIGNED	
	Pelmess	ceder Mil	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	2/2	.5/66	
22c. PHYSIC			22d. ADDRES					
NAME	DR. S. G. WEI	SMAN	59	GREEN	NE ST.			
23a. BURIAL CRI		23c. NAME OF CEMETER	Y OR CREMATORY	1 23d.	LOCATION (City, to	own or coun	ty) (State)	=
Burial (S	Specify)							
24. FUNERAL DI		Deer Park Ce	emetery	REC'D BY D	er Park, EGISTRAR   25b. R	Md FGISTRAP'S	SIGNATURE	
	. Scarpelli, Cumber							
	· vour perrr, vamoe.	Lana, Plas	DA	FR 78	1956 20	carell.	, Judge	

VR AI5 (4) 20M I/65

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BR. S. C. WEISHAM

death.

TO FUNEBAL DIRECTOR: After this certificate has been signed by the attending oblysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

							17	*** t / X t /	
1	PLACE DF DEAT a. CDUNTY			2. USUAI		ere deceased lived, If Ins		ence before ad	mission
_	h CITY OF TOW	ALLEGANY /N (if outside corporate limit	MARYLAN	D	MARYLA	ND	ALLE	EGANY	A A
	Write RURAL	and give nearest town)				le corporate limits, wr	Ite RUKAL and	give neares	t town)
	d. NAME OF HO	LAND SPITAL OR INSTITUTION (if r	not in hospital, give street addre	CI d STREET	UMBERLAND ADDRESS	)	0	l e. IS RESI	IDENCE
			in morning Biro ottoot addit					DN A F	ARM?
	SACRED H	EART HOSPITAL	Middle			IVE, BOWLING			ND X
٥.	DECEASED (Type or print)	ARTH U	R DAY	Las		DATE Month DF DEATH	13/66	Day Yea	
5.	SEX	6. CDLDR DR RACE 7. M	ARRIED NEVER MARRIED	8. DATE DE		9. AGE (In years last birthday)	IF UNDER 1 YE		
	MALE	THE PART OF THE PA	DOWED DIVORCED	7/2	3/88	77 yrs.	Months Day	ys Hours	Min.
dur	ing most of work	FIDN (Give kind of work done ling life, even if retired)	INDUSTRY			State, or foreign country	COUN	EN OF WHAT	
R	et. Filt	ration Employ.	Celanese Fibres		re, Maryl		u.	S. A.	
13.	FATHER'S NAM				ER'S MAIDEN NA				
-		in Arnold				Unknown)		-0-	
(Ye	es, no, or unkown)	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service	16. SOCIAL SECURITY ND.	ir. INFORMANT	ik Noonan	41 Cresap	Dr. Boi	olina	een,
	No.		217-10-4074	PATTE	VI'S CHAR		aunb.	Md.	
			e per line for (a), (b), and (c).]			0 ,	11	NTERVAL BET	WEEN
	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	acute a	orena	sey CE	sucre	ma	24 hr	P
	420	DUE TO							
	Conditions, If				<u> </u>				
	cause (a), s	tating the DUE TD							
Z	underlying caus		NTRIBUTING TO DEATH BUT NOT I	DELATED TO THE	EDAMINAL DICEAS	F COMPLETION OLVEN IN	DADT 1/o)	L9. WAS AUT	TDDev
ATI	PARTITION CO.	PIGINILICKINI COMPLITINIS CD	MINIBOTING ID DEATH BUT NOT	KELATED ID THE	EKMINAL DISEAS	E COUDITION GLAFILIN	PARTI(a)	PERFORM	MED?
FIC	202 ACCIDENT	WAS UNDERLYING	2Db. DESCRIBE HDW INJURY D	OCCUPATED (France)	r nature of labor	In Bort I or Bort II of	f (tom 10)	YES [ ]	ND X
CERTIFICATION	DR CDNTRIBUT	ING CAUSE DE DEATH TIFY MEDICAL EXAMINER)	2DU. DESCRIBE HUW INJURY L	JCCORRED. (Ente	r nature or injury	in Part I or Part II o	item 10.)		
CAL		INJURY Month, Day, Year	20d. INJURY DCCURRED   2De.	PLACE DE INJUR	Y (Home, farm,	2Df. (City or town)	(County)	) (S'	tate)
MEDICAL	Hour a.r		While at work At work	actory, street, of	ice bidg., etc.)				
			attended the deceased from	2-3	- 1966	to 2-3-	, 1946,	that (I) (w	e) las
			7	that death occ		M, from the causes			
	22a. SIGNATUI	RE / /			NO MED	07177	22b. DATE	SIGNED	
		h /2	mis	M.D. PHYS.	DIRECT	OR PHYS.	2-4	-66	
	22c. PHYSICIA NAME (T)	uno)	R.INGS		DDRESS	Comphantera	d Nd		
220	DUDIAL ORGA					. Cumberlan		A (C)	240)
23a	BURIAL, CREW REMDVAL (Spe Burial		DF 23c. NAME DF CEMEN Eckhart Ce	TERY DR CREMAT	230	Echlart II			ite)
24	and de comme		ADDRESS	metery	25a. REC'D BY	Eckhart, Ma	GISTRAR'S S	GNATURE	
	H. Wayn	ie George Cumb	perland, Marylan	d	DATE B 8	0.00	4		
					DATE	IUUIO II	1 647	The state of the s	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01598			CERTIFIC	CAIL	E OF DEA	H			- ()	15	14	
1.	PLACE OF DEAT	Н				2. USUAL RESID	ENCE (Wh	ere deceased lin	ed, If inst	itution:	Residence	before a	dmission)
	a. COUNTY	ALLEGANY	r	SEA DVI	AND	a. STATE	ARYLA	MD	b. COUNT		LEGA	VIA	
	b. CITY OR TOW			MARYL  c. LENGTH OF STAY		c. CITY OR TOWN			mlts, wri	-	Take City	relative medical	st town)
		/N (if outside corporal and give nearest tow	(n)								,	,	,
_	FROSTB	URG SPITAL OR INSTITUTION	OM (if not la b	3 WEEKS	Idaaa		ROSTE	BURG			5/-	IC DEC	ADENCE.
	d. NAME OF HO	SPITAL OR INSTITUTIO	m (it not in n	ospital, give street ad	iaress)	d. STREET ADDRE	:55				,	ON A	FARM?
	MINERS	HOSPITAL				1	58 E.	COLLE	E AV	ENUE	1	ES 🗌	NO 📑
3.	NAME OF DECEASED		rst	Middle		Last	4.	DATE	Month		Day	Ye	
	(Type or print)	GEORGE		R.		BARRY	_ i	DEATH FE	BRUAR	Y 15	,	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	П	. DATE OF BIRTH		9. AGE (	n years	F UNDER	1 YEAR		
	MALE	WHITE	WIDOWED	DIVORCED		EC. 19, 1	919	46	Irthday) yrs.	Months	Days	Hours	Min.
10	a. USUAL OCCUPAT	TION (Give kind of work		IND OF BUSINESS OR		11. BIRTHPLACE		State, or foreig		12. 0	ITIZEN	OF WHAT	
		ling life, even if retire		ANESE CORP.		MARYLAN	D				OUNTRY S.A.		
	BOBBIN CI		OHLI	andon oom.		14. MOTHER'S M		MF		10.	O.A.		
15		J. BARRY EVER IN U.S. ARMED FO	000503   10	ADDIAL APPLICATION	1 479	CLARA	R. SM	ITH	0.44				
		(If yes give war or dates o	of service)	SOCIAL SECURITY NO.		INFDRMANT			Address				
				5-12-2369		. DOLORES	BARR	Y, FROS	STBUR	G, M	D.		
	18. CAUSE OF	DEATH [Enter only on	e cause per l	ine for (a), (b), and (c)	).]	4 + 1						RVAL BE	
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	lance	en	lelis	,				3	wt	15_
	260	X DUE			-	0 0 0	0 -	1 +	(	00.4	OR	180	71
	Cenditions, If		(b)	Uncon	lo	lable.	Qua	beter	ms	Wite	0	W.5	40
	gave rise to		TO								0	0	
	cause (a), s underlying caus	tating the											
NO		SIGNIFICANT CONDITION	(c) ONS CONTRIBL	ITING TO DEATH BUT N	OTRELA	TED TO THE TERMIN	AL DISEAS	E CONDITION (	SIVEN IN F	PART 1(a)	119.	WAS AL	TOPSY
CERTIFICATION											YE	PERFOR	
FI C	200 ACCIDENT	WAS UNDERLYING F	1 20h	DESCRIBE HOW INJUR	V ACCII	DDED (Enter nature	a ad Industr	In Dort I or	Dort II of	Ham 10		s	NO N
ERT	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEA	TH 200. L	DESCRIBE HOW INJUR	1 0000	KKED. (Enter nature	a or injury	in rait i ui	Part II UI	item 1	.,		
MEDICAL		INJURY Month, Day,			Oe. PLAC	E OF INJURY (Home y, street, office bldg	e, farm,	20f. (City or	town)	(Co	unty)	(	State)
AED.	Hour a.	m. 19	at work	Not While at work	14000	3, 00, 000, 0,,,000 0,00	., 0.0.,		/				
-		fy that (I) (this hose	nital) attend	ed the deceased fro	om /	marl	19/4	to 2/	1.5	19/	of th	at (I) (v	ve) last
		ceased alive on	2/15			death occurred a	1200	M, from the	Causes :				
	22a, SIGNATU			13.50, 31	iu tiiat	death occurrent		in, from the	080303		DATE SIC		dobtos
		Lother	15	& traves	MA	ATTENDING	MED.	STA		9	1/14	16	6.
	22c. PHYSICIA	onus I	P	,	, M.D	PHYS	DIRECT	OR PHY	5. [_]		111	, ,	-
	NAME (T	ype) JOHN	B. DA	VIS, M. D.			ADWAY	, FROS	BURG	. MD			
23:	BURIAL, CREN	MATION.I 23b. DATE	THEREOF	23c. NAME OF CE	METERY			d. LOCATION		_		(9)	tate)
	REMOVAL (Sp	ecify)					23					(3	
1	FUNERAL DIRI		18 166	SUNSET M	ILMO1	RIAL PARK	DEC'D DV	REGISTRAR	25b RE			ATURE	
24			20000 0			254	R 1	1966		LOVE		edge	
	JUSEPH R	. DURST, SR	FROS	STBURG, MD.		DATE	. L I	1000			0	0	

VR AI5 (4) 20M 1/65 • • •

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# FOR STATE HEALTH DEPT

TO DEPUTY MEDIUM EXAMINER: This certificate should be executed within 24 hours after death. If any delay is classary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 2 with the State Department within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, of Health or its designated agent, prior to burial, cremation, or removal, and in add

VR ALSME (5)

		MARYLAND STATE DEP RESEARCH AND RECORDS,			1, MARYLAND					
	01599 . MEDI	ICAL EXAMINER'S	CERTIFICAT	E OF DEATH	01545					
1.	PLACE OF DEATH a. COUNTY			CE (Where deceased lived, If institu	ition: Residence before admission					
	Allegany	MARYLAND	a. STATE	vuland b. county	Allegany					
	b. CITY OR TOWN (if outside corporate lim write RURAL and give nearest town) Cumberland.	its, c. LENGTH OF STAY IN 1b								
	d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospital, give street address)	d. STREET ADORESS	e. IS RESIDENCE						
	D. O. A. Memorial Ho	sp.	86 Mead	low View Dr.	YES NO X					
3.	NAME OF First	Middle	Last	4. DATE Month	Oay Year					
	DECEASED (Type or print) Lelia	Franklin	Bennear	DEATH Feb.	9, 1966					
5.	SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	B. OATE OF BIRTH	9. AGE (in years IF)	UNOER 1 YEAR IF UNDER 24 HRS					
7	emale White WI	DOWEO OIVORCEO	pr. 12. 190							
10a	LUSUAL OCCUPATION (Give kind of work done in most of working life, even if retired)			tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
Housewife Own home Cumberland. Md. U. S.										
13.	FATHER'S NAME		14. MOTHER'S MAIC	DEN NAME						
	Ma <b>t</b> tin Hager		Bertha	Long						
15 (Y	WAS OECEASEO EVER IN U.S. ARMED FORCES: es, no, or unkown) (If yes gire war or dates of service)	(40	. Calvin L.	Lease 86 Meadou	Cresaptown, Md.					
	18. CAUSE OF DEATH [Enter only one cour	se per line for (a), (b), end (c).]			I INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	CORONARY	OCCLUSION		SUDDEN DEATH					
	4201 OUE TO	4 2-0 / OUE TO								
	Conditions, if any, which ) (h)	CORONAR	Y SCLEROSI							
	gave rise to immediate cause (a), stating the DUE TO									
	underlying cause lest. (c)									
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PAI	RT1(a) 19. WAS AUTOPSY PERFORMED? YES NO X					
MEDICAL CERTIFICATION	2Da. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nuture o	f injury in Part I or Part II of I	tem 18.)					
CAL	2Dc. TIME OF INJURY Month, Oay, Year	2Dd. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, fary, street, office bldg., e	arm, 20f. (City or town)	(County) (State)					
EDI	Hour a.m.	While Not While at work et work	y, street, office blug., e							
2	21. I certify that I took charge of t		d an Autopsy ,	Inspection X, Inquiry	, and in my opinion					
			cide, Homici	de [], Undetermined m	anner					
	2 1,	Time	CHIEF MEDICA							
	SIGNATURE Deveduct	Sketarelic	M.O. ASSISTANT ME	DICAL EXAMINER Feb.	9, 1966 Md. 9 Cumberland.					
EXAMINER'S Benedict Skitarelic, M. D.  DEPUTY MEDICAL EXAMINER X Rt. # 9 Cum Address (Street, city, town, or county)										

BURIAL, CREMATION, REMOVAL (Specify)
BURIAL 23b. DATE THEREOF 24. FUNERAL DIRECTOR

NAME OF CEMETERY OR CREMATORY Hillcrest Burial P

23d. LOCATION (City, town or county) Cumberland, Maryland

H. Wayne George Cumberland, Maryland

REGISTRAR'S SIGNATURE

(State)

THE THE PROPERTY OF A CONTRACTOR OF THE PARTY OF TH The state of the state of the state of Title library Times and Se francet Metaliele man and a service . Rungering in F .c. Edited The telephone section for the line THE STATE OF THE PROPERTY OF T ALL MANDE STONE CARDET VALLE MANDERS OF THE SELECTION OF FOR STATE HEALTH DEET. O DEPUTY 1 CAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute fre-certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours, ifer death. TO DEPUTY I 104 VS. AISME

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### MARYLAND STATE DEPARTMENT OF HEALTH

MICAC

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission
Allegany	e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b	Maryland Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give reerest fown)
write RURAL end give neerest lown) Mt. Savage 2 years	Mt. Savage
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS ( e. IS RESIDENCE
Foundry Row	Foundry Rose YES NO T
3. NAME OF First Middle	Foundry Row YES NO Last 14. DATE Month Dey Yeer
(Type or print)	OF
	BLANDOW DEATH February 17 1966  DATE OF BIRTH 19. AGE (In years   IFUNDER 1 YEAR   FUNDER 24 HRS.
TO THE MAKEUES TO THE TEXT MAKEUES	last birthdey)   Months   Deys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	Tay 11, 1898   67 yrs.
done during most of working life, even If retired)	
Attendant Gas Station	Chicago, Illinois U.S.A.  14. MOTHER'S MAIDEN NAME
William Blandow  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	Carolina Pape
(Yes, no, or unkown) (Ifyes give werordeles of service)	Mt. Savage, Md.
	s. Wilbur S. Blandow, Foundry Row,
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ASPHYXIAT	ION MINUTES
1621 DUE TO	TE TOOK PROMOTOGRATIO
Conditions, if eny, which \ (b) HEMORRHA	GE FROM BRONCHOGENIC CARCINOMA
geve rise to immediate cause (e), stating the underlying  DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
K	PERFORMED? YES X NO
	nter neture of injury in Pert I or Pert II of item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m. While Not While fects p.m. 19 et work et work	pry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	Id an Autopsy X. Inspection X. Inquiry X. and in my opinion
death resulted from: Natural causes X. Accident . Suici	
death resulted from: Natural causes A. Accident . Suici	
ACTUAL BOOK 1 + 16-	CHIEF MEDICAL EXAMINER
SIGNATURE Mendet Skilarely	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S BENEDICT SKITARELIC, M.D.	DEPUTY MEDICAL EXAMINER Feb. 17, 1966
NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR	Address (Street, city, town, or county) Cumper Land, Md.
REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (Stele)
Burial Feb. 20, 1966 Frostburg M	em. Park Frostburg, Maryland
23. FUNERATORICIDE M. LOURS Frostburg. Mc	REC'D BY REGISTRAR 210. REGISTRAR'S SIGNATURE
Hafer Funeral Home, 60 West Main S	+ DATE 60 1956 Heaven Judge

1. 4 SINCE STATE OF . at the second Saw- Bash Date . Thought S. things of condent when THE PERSON OF TH STATE OF THE STATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pages remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	SALES
CERTIFICATE OF DEATH	54

UIUUI	0211111107111	. 0. 2-/			04043	
PLACE OF DEATH     a. COUNTY		2. USUAL RESIDENCE	(Where deceased liv	red, If Institution: F b. COUNTY	Residence before ad	mission)
ALLEGANY	MARYLAND	MAF	RYLAND		LEGANY	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate li	imits, write RURAL	L and give neares	t town)
CUMBERLAND	I DAY	CRE	SAPTOWN		01-1	1
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS			e. IS RES	
MEMORIAL HOSPITAL		20	WINCHES'	TER ROAL	D YES 🗌	NO
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Yea	r
(Type or print) ROBERT	J.	BONIECE	DEATH	FEB.	19	
6. CDLDR DR RACE 7. MARRIED	NEVER MARRIED 8	. DATE DE BIRTH	9. AGE (I	n years   IF UNDER Irthday)   Months	Days Hours	24 HRS.
MALE WHITE WIDOWED	DIVORCED	1-12-1919	47	yrs.	Days Hours	344361
Oa. USUAL OCCUPATION (Give kind of work done   10b. K Juring most of working life, even if retired)	IND OF BUSINESS DR	11. BIRTHPLACE (Cou	inty & State, or foreig	in country)   12. C	ITIZEN DF WHAT	
	ISSLE	WILKINSE	BURG. PA.		. S. A.	
13. FATHER'S NAME	LODELL	14. MOTHER'S MAIDE				
WILLIAM BONIECE		EMMA MU	JTZ			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SDCIAL SECURITY ND.   17.	INFORMANT		Address		
(Yes, no, or unkown) (If yes give war or dates of service)	07 00 01 CO M	EMORIAL HO	SPITAL-	CUMBERL	AND. MI	n
	71070200	LITOR THE THE	JOT I TAL	COMBERE	I INTERVAL BET	The state of the s
18. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY:					ONSET AND	
IMMEDIATE CAUSE (a)	TEREMIC SHOC	K-			Thom	1200
1 7 7 DUE TO					210	
	MONTA				Morror	1/1/2
gave rise to immediate cause (a), stating the DUE TO						
underlying cause last. (c)						
	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	SEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AU	TOPSY
CIRRHOSIS OF LIVER.M	YOCARDIAL HY	PERTROPHY	AND DIL	ATATION	and the second second	ND
20a, ACCIDENT WAS UNDERLYING 1 20b.	DESCRIBE HOW INJURY DCCU		Injury In Part I or	Part II of Item 18	8.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)						
	NJURY DCCURRED   20e. PLAC	E DF INJURY (Home, far	m.   2Df. (City or	town) (Co	ounty) (S	State)
20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While p.m. 19 at worl	factor	y, street, office bldg., et	c.)	(00	unity) (o	
p.m. 19 at wor				1. 1.	1	
21. I certify that (I) (this hospital) attend	ed the deceased from	195/1009	27, th	2/1, 19	4, that (1) (w	ve) last
saw the deceased alive on	1966, and that	death occurred at	3/M, from the	causes and on t	the date stated	above
22a. SIGNATURE			6- 0-		DATE SIGNED	
ild sustin	M.D.		IED. STA		2166	
22c. PHYSICIAN'S	1	22d. ADDRESS			-	
NAME (Type) DR. THOMAS &	. LUSBY	932 NATI	ONAL HIG	GHWAY, L	A VALE	, MI
3a. BURIAL, CREMATION, 23b. DATE THEREDF	23c. NAME DF CEMETERY	DR CREMATORY	23d. LDCATION	(City, town or co	ounty) (St	tate)
REMDVAL (Specify)			MACHINO	DOM DO		
CREMATION FEB. 5, 1966 24. FUNERAL DIRECTOR	FORT LINCOLN C	REMATOR TUM 1 25a. REC	WASHING	25b. REGISTRAR	R'S SIGNATURE	
	CUMBERLAND, MD.		7 1966	Marle	Judge	
TITOTI TITULLI	odringinging tine	INTER "	/ IMph	1/2 - Congression	VA	-

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MARYL

TAY CAREANTO

20 WILLIAM SER ROLG

ROBERT J. SONIECE

WHISTINGER PR. U. S. A.

THE STATE AND S

MENORINI, NOSPITAL - CUPERTILANO, MIROLANO.

ATTENDED TO

With Edward Chocks Lower State

CHRESCE OF LIVER, MYDEAGAILL HYPERTREPHY ACT DILATETICS

A DESTANTA

DR. THOMSO EZ LUSBY 932 MATHONOU HIGHWAY, LA VALE, ME

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then Daise remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATI	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE 1, MARYLAND
	CERTIFICATE OF DEATH	01 - 1

	THE POST OF	3		CERTIFICATI	E UF DEATH	1				1154	8	
1.	PLACE DF DEAT	H			2. USUAL RESIDEN	CE (Where	deceased live	d, If Institu	ution: Resid	dence before	admission)	
		EGANY		MARYLAND	a. STATE MARY	LAND		b. COUNTY	LEGA	YNA		
	b. CITY OR TOW Write RURAL	/N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside o	corporate III	nits, write	RURAL an	d give near	est town)	
	CUMB	ERLAND	,	25 DAYS	CUMBERLAND 6/-/							
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in h	ospital, give street address)	d. STREET ADDRESS						SIDENCE FARM?	
_	MEM	ORIAL HOS	PITAL		721 1	afay	ette	Ave.		YES 🗌	No X	
3.	NAME DF DECEASED	Fi	rst	Middle	Last	4. DAT		Month	1	Day Y	ear	
	(Type or print)		BERT	L.	BOONE	DEA	ATH FE	BRUA	RY 4	19	66	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH		9. ACE (In last but		UNDER 1 Y	EAR IF UND		
	Male	White	WIDOWED	DIVORCED _	5-15-11	901	64	yrs.	onuis Da	ys nour:	S WIII.	
10:	. USUAL OCCUPA	TION (Cive kind of work king life, even If retire	done 10b. F	(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (C	County & St	ate, or foreign	country)	12. CITIZ	ZEN OF WHA	AT .	
		st Helper		Railroad	WEST	VIR	GINIA	-Rio	U.	S. A		
13	. FATHER'S NAM	ME			14. MOTHER'S MAI							
		JOHN BOON	F		МД	RY D	AVY					
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT			Address				
(1	no, or unkown)	(If yes give war or dates o	r service)	214-05-6683	MEMORIAL	HOSI	PITAL	CIII	MRFRI	AND.	MD.	
-	18. CAUSE OF	DEATH [Enter only on		line for (a), (b), and (c).]	TIETIONIAL	11001	1 1 716	, 00	11	NTERVAL B	ETWEEN	
		EATH WAS CAUSED BY	100	chehral Ede	nee.				- 6	ONSET AND	DEATH	
	422	IMMEDIATE CAUSE	(a) (1) C T	THE CHE	The same of the sa					- 5	0	
	Conditions, If		324	shar Preum	onei					14	de	
	gave rise to cause (a), s	Patte	(03)(	measture thears	freeden a	Luc o	h au	leurde	uln		0	
	underlying cau		(c)	Cu	calle Ucust	2 1	Occas	مــه				
NO	PART II. OTHER	SICNIFICANTCONDITION	ONSCONTRIB	YTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASEC	ONDITION G	IVEN IN PA	RT 1(a)	19. WAS A	AUTOPSY RMED?	
CERTIFICATION			1V x d	cers of fee	il					YES T	NO	
E	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	f Injury In	Part I or P	art II of I	tem 18.)			
CER	(IF EITHER, NO	ING CAUSE OF DEA	NER)									
CAL	20c. TIME OF	INJURY Month, Day,	Year   20d.	INJURY OCCURRED   20e, PLAC	CE OF INJURY (Home, f	arm, 20f	. (City or 1	own)	(Count)	1)	(State)	
MEDICAL	Hour a.	m. m. 19	While at wor	MOT WITTE	ry, street, office bldg.,	etc.)				0		
2				led the deceased from	1954	10	to 7	et	1960	, that (I)-	twel last	
		ceased alive on A	- 4 - /	19 66, and that	death occurred at		Proon the	causes an	d on the			
	22a. SICNATO		11	A sind that	douth occurred at	,	THOM: CHO		22b. DATI		,,	
		Mun	Mul.	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAF		2	13/6	6	
	22C. PHYSICI		7		22d. ADDRESS				1	-/-		
	NAME (T	DR. G. C	. HIM	MELWRIGHT	133	VIRG	INIA	AVE.				
23		MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d.	LOCATION	(City, town	or count	y) (	State)	
	REMOVAL (Sp	ial Feb. 8	3.1966	Poland Cemet	OMI	Ri	o, Wes	t Vir	gini	a		
24	. FUNERAL DIR	ECTOR		ADDRESS	25a. RE	C'D BY RE	GISTRAR	25b. REC	ISTRAR'S	SICNATURE		
	Jame	es F. Scar	pelli,	Cumberland, Mo	DATE F	B 14	1966	gel	carler	Judg	e	

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SPELL

TIODE BROTH

D104 1113 1648/51 JATTHEON JAMINAN A STATE OF THE STA HERBERT L. BOOMS TRABERT

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THE MINELITE PROPERTY OF THE P

MAKELET TO A SECOND

PR. G. O. HINELVELCHT. SHT. SELLEN VIRGINIA AVE.

A DESCRIPTION OF THE PROPERTY 

Then please temove carbon papers. Pages I and 2 should oval, and if any event, within 72 hours after death. in 24 hours after The law requires that the death certificate be executed TO HOSPITAL Be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please temove carbo be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any went, wi

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

MITAN

-01003		111541
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Res	sidence before admission
400	a. STATE b. COUNTY	0.001444
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end s	egany
write RURAL end give neerest town)	C. CITT ON TO THAT (II OBISING CORPORATE MINIS, WHITE NOW, A CITY OF	,
Cumberland	Cumberland	01-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
Memorial Hospital	200 /2 Avirett Avenue	YES NO V
3. NAME OF First Middle	Z Tro-Color Tro-Color	Dey Yeer
DECEASED	OF	
(Type or print) Russell Willmer	D. CO. Co	19, 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED 3	DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YI last birthday)  Months I De	
Male White WIDOWED DIVORCED	The state of the s	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	3602. 7. 1704	EN OF WHAT COUNTRY
done during most of working life, even if retired)		
Millworker B. & O. Rwy.		. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Howard Brant	Ada Rice	
		. David 111
(Yes, no, or unkown)   (Ifyes give wer or detes of service)	1, cunoe	rland, Md.
	s. Alice Brant, 200 1/2 Avirett	ave.
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	A C	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lim Visine	1 year
G C C C C C C C C C C C C C C C C C C C	) 1902	
H201 DUE TO G		Menn
Conditions, if any, which (b)		fere
geve rise to immediate couse (e), stating the underlying DUE TO	- + 1 -	0
ceuse lest.	allemonterores	men.
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) WAS AUTOPSY
		PERFORMED?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		YES NO X
	(Enter neture of injury in Pert I or Pert II of item 1B.)	
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e, PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County	y) (State)
	ory, street, office bldg., etc.)	(5.5.6)
p.m. 19 et work et work		
21. I certify that (I) (this hospital) attended the deceased from.	Jonny, 1960, 10 Feb, 19, 196	Shat (I) (we) las
1 // 16 //	death occurred at 30 AM, from the causes and on the	
	dearn occulord al	22b. DATE
22e. SIGNATURE	ATTENDING MED STAFF	SIGNED
15 M, tehningler M	.D. PHYS. DIRECTOR PHYS. PED	. 21, 1966
22c. PHYSICIAM'S	22d. ADDRESS	
NAME (Typo) Dr. Blane M. Schindler	43 Greene St., Cumberland,	Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
REMOVAL (Specify)		(0.0.0)
Burial Feb. 21, 1966 Hillcrest Bu		and
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	GNATURE
H. Wayne George, Cumberland, Md.	DATE B 24 1968 Icharles	Judge
	~ 1000 /	

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### STATE FOR HEALTH DEPT

O DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the dineral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1, and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO DEPUTY MED please executa

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## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

And the second		OT SOL	IVI	EDICA	L EXAMINER 2	CER	HIFICAL	E Ur	U	EAIH		- 1	CT	4717
Ra	٦.	PLACE OF DEAT				1 2. 1	SUAL RESIDENC	E (Where	e decea	sed lived. If in	stitution:	Residence	before ad	m(sslon)
10%	1	a. COUNTY	A 73 73			11	. STATE			b. COU				
-			Allegany		MARYLAND			rylai				lega		
		b. CITY OR TOW	N (If outside corpora and give nearest toy	ta limits,	c. LENGTH OF STAY IN 1	b c. CI	TY OR TOWN (If	outside	corpo	orate limits, w	rite RURA	L and gi	re naares	t town)
			tstone	VII)			Flintstone Route #2 0/-/							
	-			ON (If not In	hospital, give street eddres	e) d e1	d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?		IDENCE
				on (ii not in	mospital, Bito sticot edules	3, 0. 31	KEET ADDITESS						ON A F	ARM?
00													ES K	NO 🗌
	3.	NAME OF	F	Irat	Middle		Last 4. DATE			Mont	Month		Day Yaa	
		(Type or print)	Ca:	rl	Jackson	Bros			DEATH February			L 19 66		66
	5.	SEX	6. COLOR OR RACE				E OF BIRTH		10	ACE (In veare	LIFTINDER	1 YEAR		
	7. MARKIED X NEVER MARKIE			0. 57.0	_		1	last birthday)	Months	Days	Hours	Mln.		
1		ile	White	WIDOWE			13,1903			62 yrs.				
	10a	I. USUAL OCCUPAT	10N (Giva kind of work	done 10b.	KIND OF BUSINESS OR INDUSTRY	11.	BIRTHPLACE (S	tate or f	oreigi	n country)	12. 0	CITIZEN OF WHAT		
	Custodian of Girl Scout Camp					M:						J.S.A.		
	13.	FATHER'S NAM		Борио	Octrib		MOTHER'S MAID	EN NAM	E			AD A	-	
			Thelessades D.											
			Ephraim B							Etta Ha				
35-1	(Ye	. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates	RCES? 10	6. SOCIAL SECURITY NO. 1	. INFOR	TANT			Addre	ss Rou	te /	12	
	, ,	No		2	218-12-5812 N	rs. I	rene Bro	ownir	10				one,	Md
			DEATH [Enter only on		line for (a), (b), and (c).]			011111111111111111111111111111111111111	-65				RVAL BET	
			ATH WAS CAUSED BY	:	STATUS .	A COLIM	ATTOTIC						EL AND	
		1	IMMEDIATE CAUSE	(a)	DIAIUD .	MO TUL	WITCOD					- IVII	MOTE	)
		241,	DUE	TO	(DDOMG)	TTAT	A COUNTRAL A							
		Conditions, If		(b)	(BRUNG	HALF.	ASTHMA)							
		gava rise to	Dille	TO										
	underlying cause last. (c)										1.55			
											119.	WAS AU		
3	A LANGE OF THE PARTY OF THE PAR									VE	PERFORI	MEO?		
0	FIC	DOG EVTERNA	DALIDE WAS	Look	DECORUDE HOW IN HID V OC	OUDBER	(Fatan a tuna a)	t Indiana I	n Davi	L on Bont II o	of like me 11		2 Tat	NO []
	ET	PRIMARY Or	L CAUSE WAS CONTRIBUTING []	200.	DESCRIBE HOW INJURY OF	CURRED.	Enter nature of	injury i	n Par	t i or Part ii t	or Item 19	0.)		
		CAUSE OF DEAT	'Н.											
	CAL	20c. TIME OF	INJURY Month, Day,	Year   20d.	INJURY OCCURRED   20e. F	LACE OF	NJURY (Home, fa	rm, 20	f. (C	Ity or town)	(Co	unty)	(S	State)
	MEDICAL	Hour a.r		Whil	e - Not While -	ctory, stre	et, office bldg., e	tc.)						
	N	D.1		lat wo						T .	a from			
		21. I certify	y that I took charg	e of the re	mains described above,	neid an A	utopsy,	Inspec		Cara.	iry 🗶 ,	Parties and Partie	in my	opinion
		death result	ed from: Natura	causes X	Accident ,	Suicide [	, Homici	de 🔲,	, 1	Indetermined	manner			
			1	* 1	10-1	)	CHIEF MEDICA	L EXAMI	NER					
		ACTUAL SIGNATURE	12emed	cets	Hestarelie	M.D.	ASSISTANT ME	OICAL EX	CAMIN	ER		22.	DATE S	SIGNED
-		SIGNATURE		/		N.D.	OEPUTY MEDIC	AL EXAM	IINER	XX Febr	uarv	4.	1966	
2		EXAMINER'S NAME (Type)	Benedict S	kitare	lic. M.D.		Address (Street				40			
	238				1 23c. NAME OF CEMET	RY OR CR				ATION (City, t				ate)
	200	REMOVAL (Spi	ecify)											,
0	0.5	Burial	2/7/66	)	Hillcrest B	urial	Park	Cu	mbe	rland	Ma	ryla	nd	
N	24	. FUNERAL DIRE			AOORESS									
18ho		Ruth E	. Silcox	Cumber	rland Maryland	2150	2 OAFEE	0 0	19	166_ 10	leave	en I	udge	
1													77	

(1331)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFIC	CATE OF DEATH	0.1551
1. PLACE OF DEATH a. COUNTY ALLEGANY MARYL	CANTO .	ALLEGANY
b. CITY OR TOWN (if outside corporate limits, COMBERLAND give nearest town)  C. LENGTH OF STAY  XKK I I DAY	'S CUMBERLAND	01-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ad SACRED HEART HOSP.	d. STREET ADDRESS  RT. 5 BOX 598	e. IS RESIDENC ON A FARM? YES NO
	BUCKLEY  4. DATE Month OF DEATH 2-8-66	Day Year 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED  WHITE WIDOWED DIVORCED  10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	2-22-1889 76 yrs. Months	Days Hours Min.
during most of working life, even if retired)  Retired Farmer  13. FATHER'S NAME	11. BIRTHPLACE (County & State, or foreign country) 12. C W.VA	OUNTRY?
GEORGE BUCKLEY  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Catherine Weather	holt
(Yes, no, or unkown) (If yes give war or dates of service) No  16. SOCIAL SECURITY NO. 212-12-8880	DAUGHTER & CHART	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic Coma	.1	INTERVAL BETWEEN ONSET AND DEATH 11 days
gave rise to immediate cause (a), stating the underlying cause last.	rcinoma of bone and liver	6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  Diabetes Mellitus, Pulmonary Fi  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJUR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		YES NO
	20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (Con	unty) (State)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Feb. 7, 1966, and	nd that death occurred at 3:30M, from the causes and on t	the date stated above
22a. SIGNATURE  Jacobson, M. D.  22c. Phystcian's NAME (Type) Samuel M. Jacobson, M. D.	ATTENDING MED STAFE 22b. I	b. 8, 1966
REMOVAL (Specify) Burial 2/11/66 St. Luke	0 001110 002,	Virginia
24. FUNERAL DIRECTOR ADDRESS Ruth E. Silcox Cumberland Maryl	Land 21502 Date B 1 1 1966 Charles	Sale

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-eatbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY. \* THE ATT E . THE 14.4 TOTALO A SETUDIAD . . . . . . - soreld hiller a con II to miller and II consorell A A A SECTION AND A SECTION OF THE PARTY AND ADDRESS OF THE PARTY AND A MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, RALTIMORE 1, MARYLAND

		01606 CERTIFICAT	E OF DEATH	01552
-	1.	PLACE DF DEATH a. COUNTY Alley any MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE Mary Land b. COUNTY	legany
1		b. CITY OR TDWN # obtside corporate limits, white RURAL and two nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	01-1
00		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  15 Forest Drive	d. STREET ADDRESS 15 Forest Grine	e. IS RESIDENCE ON A FARM? YES NO
1	3.	() Se Charles	Oyle OF DEATH Feb. 7	Day Year 1966
	5	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	Soc. 17 1896 9. AGE (In years   IFUNDER last birthday) yrs.	Days Hours Min.
	7	INSUAL OCCUPATION (Give kind of work done in grating)  Ing most of working life, even in retired)  INDUSTRY  INDUSTRY	Canesville Pa	DUNTRY?
		harles Coyle	Mary Smyth	
	15 (Ya	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. (If yes give war or dates of service)	Bernard F. Coyle h. Ka	Walemo
		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  9660000000000000000000000000000000000	infection. defediation.	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, If any, which ) DUE TO Occur & che	one syclosephites	ys.
		gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  CC  CU  CU  CU  CU  CU  CU  CU  CU  C	teglen calculi.	1
~	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL		19. WAS AUTOPSY PERFORMED? YES NO
0		20a. ACCIDENT WAS UNDERLYING	URRED. (Enter nature of Injury In Part I or Part II of Item 18	.)
	MEDICAL		ACE OF INJURY (Home, farm, lory, street, office bidg., etc.)	unty) (State)
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 2/7/11966, and the	at death occurred at 2 A M, from the causes and on t	the date stated above
1			D. ATTENDING MED. STAFF DIRECTOR PHYS. 2	8/66
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS /	
		Bemoval (Specify) 2/10/66 23c, NAME OF CEMETER  2 10/66 25. Feller +	- Paul Cem Cumbuland	ma
B	24	Janes Steer Inc. Cumb. M	DATE B 1 1 1966 Pelisela	Judge.

VR A15 (4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buria, cremation, or removal, and in any event, within 72 hours after death.

24 2 completely pal carbon it, within pue 940 physician. permit. þ signed has been signed he burial-transit p attending hospital or certificate 5 0 prior this co Health DIRECTOR: After this 3 should be detached for ŏ 5 m death. Page 4 O FUNERAL director, page 3 be filed with th HOSPITAI director, pbe filed v

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY Allegany Maryland MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) McCoole McCoole d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Hill Top Hill Top 3. NAME OF Middle 4. DATE Month DECEASED (Typa or print) DEATH Feb. 26 Albert Sale Creasy 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR lest birthdey) Months | Days Aug. 29th, 1886 White Male WIDOWED T DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) Rt. Carman 8 0 RR Montvale. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Wiggington Charles A. Creasy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) McCoole, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) congestive heart failure Arteriosclerotic cardio vascular disease Conditions, if any, which gave rise to immediate cause DUF TO (a), steting the underlying Cerebral arterial insufficiency cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town) fectory, street, office bldg., etc.) Not While et work et work 1965 102/26 21. I certify that (1) x tric trocked) attended the deceased from July deceased alive on 2/26 .1966..., and that death occurred at 30...M, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 126 E. Armstrong Street 22c PHYSICIAN'S NAME (Type) Coffman, M.D. Keuser. W. Va. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Keyser. W. Va. Potomac Valley Memo. Pk. Burial 24 FUNERAL DIRECTOR'S SIGNATURE

Keyser, W. Va.

VR A15 (4) 20M 5-63

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Allegany

Dev

USA

(County)

2/28/66

e. IS RESIDENCE ON A FARM?

YES NO

19 66

IF UNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

menth

uears

uears

PERFORMED? YES NO !

(Stete)

22b. DATE

(Stete)

SIGNED

12. CITIZEN OF WHAT COUNTRY

K. Call ABBERT ST. 1 2 2 2 alogo de la litte de la compania de standy along the ENERGIEL D. Erden ATTRIBUTED IN THE PROPERTY AND ADDRESS OF LANDS La Jane Jane Jane Barrier Manos : emilia land suiteenst 7 The and the state of the same and the same of Continue to the transfer transfer terms 25.15 (20c - 1212) Then I was a state of the state Manager F. Por man, N. d. SERVICE OF CO. Patomac Yaking Tomo, Et. L. 1998 C. L. L.

00

O DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 5 funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. State Department hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and Z with the of Health or its designated agent, prior to burial, cremation, or removal, and in any event without 72

TO DEPUTY MED please execute

						ENT OF				
Division of	STATISTICAL I	RESEAR	CH AND	RECORDS,	301 W.	<b>PRESTON</b>	STREET,	BALTIMORE '	1, MARYLA	IN
1										

1_	NTOUS		MEDIC	AL	CAAMINE	19	CERTIFICA	E UI	DEP	ип		01	550	1
1.	PLACE OF DEAT a. COUNTY	All	egany		MARYL	AND	2. USUAL RESIDE a. STATE	Mary		lived, If in b. COU		lesidence Lega		dmission)
	b. CITY DR TOW Write RURAL	N (if outsida corp and giva naarast imberland	orate limits town)	s, C	LENGTH OF STAY	IN 1b	C. CITY DR TOWN (		corporate erlar		rita RURAL	and glv	a neare:	st town)
	d. NAME OF HO	SPITAL OR INSTITU	JTION (if no	t In hosp	ital, give street ad	dress)	d. STREET ADDRES	S				0	. IS RES	IDENCE
		Fifth S							ifth				ON A	NO 🔼
3.	NAME OF DECEASED (Type or print)		First	<b>.</b> S	Middle Rando	lnh	Last Da vy	0	ATE F EATH	Mont F'e		Day 5	Ye.	66
5.	SEX	6. COLOR OR RA	1	RIED			B. DATE OF BIRTH		9. AGE	(In years	IF UNDER	1 YEAR		
	Male	White	WIDO	OWED _	DIVORCED		Apr. 2, 1	909	last 56	birthday) yrs.	Months	Days	Hours	Min.
10a dur	Ing most of work Machini	FION (Give kind of wind of wing life, even if res	ork done 1 tired)	INDL	OF BUSINESS OR USTRY		Bloomin			untry)	CC	ITIZEN O DUNTRY SA	P WHAT	
13.	FATHER'S NAM		D				14. MOTHER'S MA	IDEN NAM	1E					
		Wright						nche	Jewe					
		EVER IN U.S. ARMEI (If yes pive war or day War I.			-12-4748		s. Margar	et Co	ok C	Addre		Ma	Fri	and.
		DEATH [Enter only EATH WAS CAUSED IMMEDIATE CAU	BY:	per line	for (a), (b), and (c). Corona:	.]	Occlusion	13.75				INTER	RVAL BE ET AND I	TWEEN DEATH
	Conditions, If	any, which	UE TO		Corona	ry	Thrombosi	.s	J. I				11	
	gave rise to cause (a), s underlying caus	tating the	OUE TO		Corona	ry	Sclerosis							
CATION	PART II. DTHER	SIGNIFICANT COND	ITIONS CON	TRIBUTI	NG TO DEATH BUT NO	OT RELA	TED TO THE TERMINAL	DISEASE	CONDITIO	N GIVEN IN	PART 1(a)	19. YE	WAS AL PERFOR	
CERTIFI	20a. EXTERNA PRIMARY   or CAUSE OF DEAT	L CAUSE WAS CONTRIBUTING [] TH.	20	Ob. DES	CRIBE HOW INJUR	Y OCCU	RRED. (Enter nuture	of Injury	In Part I o	r Part II (	of Item 18.	.)		
MEDICAL CERTIFICATION	Hour a.			While work	Not While at work	De. PLA	CE DF INJURY (Home, ry, street, office bldg.,		Of. (City	or town)	(Cor	inty)	(	Stata)
-			arge of the	remair	s described above	ve. hel	d an Autopsy 🔀,	Inspe	ction 3	. Ingi	uiry 🕱.	and	in my	opinion
	death result		ral causes		Accident,		cide , Homi				manner		,	Op
	ACTUAL SIGNATURE	Bener	lict .	Ski	tarele	i	CHIEF MEDIC			П		22.	DATE	SIGNED
	EXAMINER'S NAME (Type)	BENEDIC	T SKI		ELIC, M.		DEPUTY MED Address (Stre	ICAL EXAL	MINER K	Feb Cunty Cu	ruary mberl	and	, 196 , Md	6
238		MATION, 23b. DA' eclfy) Feb.1	TE THEREOF	6 12	23c. NAME OF CEN			23d	LDCATIO	ON (City, t	own or cor	unty)		tate)
	. FUNERAL DIRI		9 1. 70	15	ADDRESS	IVEL	25a. R	EC'D BY	REGISTRAR	1 25b. 8	REGISTRAR'	S SIGN	ATURE	
- 1			carpe	111	Cumberla	and,		D 4 (	1966	0.0	Marl	- 45		

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

555

USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

DITISION O	1 STATISTICAL KESEA	WOU WIND KECOKD	S, SUI W. FRESTON	SIKEEL DAELIMOKE I
01609	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH
PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased lived, If instituti

	Allegany MARYLAND	e. STATE Maryland b. COUNTY Al	legany					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL						
	Rt. # 6 Cumberland.	Rt. # 6 Cumberland,	1-1					
	d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS Rawlings	e. IS RESIDENCE DN A FARM?					
1	Along U. S. Rt. # 220 nr. Rawlings	Along U. S. Rt. # 220 nr	YES NO					
13	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year					
X_	(Type or print) Calvin Russell	Deremer   DEATH Feb.	10, 1966					
5	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	B. DATE OF BIRTH 9. AGE (In years   IFUNDER)	YEAR IF UNDER 24 HRS.					
	Male White WIDOWED DIVORCED	March 26, 1891 74 yrs.						
1 di	Da. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR INOUSTRY   10b. KIND OF BUSINESS OR INOUSTRY		IZEN OF WHAT					
N	one. Disabled Veteran None		S. A.					
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Frederick Deremer	Mollie Dawson						
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (es, no, or unknown)   (If yes give war or dates of service)	INFORMANT Address						
1,		s. Mary Deremer Rt. # 6 Cumberl	and Md.					
-	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	The state of the s	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: Coronary occ	lusion	Sudden.					
1	420 / DUE TO	1						
	conditions, if eny, which \ Coronary sclerosis							
Т	geve rise to immediate (							
	ceuse (a), steting the underlying cause lest.							
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTOPSY					
TAX.	Disabled W. W. # 1 Veteran gassed while	in service	YES NO XX					
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	RRED. (Enter nature of injury in Part I or Part II of Item 18.)						
AL C		CE OF INJURY (Home, farm,   20f. (City or town) (Cour	nty) (State)					
MEDICAL	Hour e.m.  p.m.  19 while Not While factor et work et work	ry, street, office bldg., etc.)						
1	21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection XX, Inquiry XX	and in my opinion					
	death resulted from: Natural causes XX, Accident , Sui	cide , Homicide , Undetermined manner						
Т	0 1 1 1	CHIEF MEDICAL EXAMINER	TO SAFELINI					
П	SIGNATURE Denedict Skitarelic		22. DATE SIGNED					
1		DEPUTY MEDICAL EXAMINER & February 1	0, 1966					
	HAME (Type) DENEARCH SIGNATURE, M. V.	Address (Street, city, town, or county) Cumberl						
23	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY							
	BEMOVAL (Specify) 2/13/66 Hillcrest BW	rial Park   Cumberland, Mary   252, REC'D BY REGISTRAR   25b. REGISTRAR'S	land					
2	4. FUNERAL DIRECTOR ADDRESS							
	H. Wayne George Cumberland, Md.	DATE EB 14 1968 fcharle	Judge.					
1			(/					

Herster's lenderson Court Assess Standard Court State of the State of

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the state within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH STREET BALTIMORE

	01610	N OF STATISTIC			TE OF DEATH	SIREEI, BALIIMO	01556
1.		llegany		MARYLAND	2. USUAL RESIDEN a. STATE	CE (Where deceased lived, If in b. cour	stitution: Residence before admission) NTY Allegany
	write RURAL Midl		n)	c. LENGTH OF STAY IN 18	c. city or town (if	f outside corporate limits, wi land	rite RURAL and give nearest town)
		SPITAL OR INSTITUTIO	N (If not in	hospital, give street address	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Joh	nst	Middle	Last Devlin	4. DATE Monti	
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years)	LIFTNDER 1 YEAR HEHINDER 24 HRS.
	Male	White	WIDOWE	DIVORCED _	May 13,18	92 / 73 yrs.	Months Days Hours Min.
10a dur	Retired	ION (Give kind of work ing life, even if retire Merchant	done 10b.	KIND OF BUSINESS OR INDUSTRY		county & State, or foreign country and Maryland	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	E			14. MOTHER'S MAII		
		Henry I	evli	1	Ann	ie Woods	
		EVER IN U.S. ARMED FO		S. SOCIAL SECURITYNO.   17	. INFORMANT	Addre	ss
(16	s, no, or unkown)	(If yes give war or dates o	I SELAICE)		John J.Dev	l <b>i</b> n Midla	and, Md.
1	18. CAUSE OF	DEATH [Enter only on	e cause per	line for (a), (b), and (c).]	"Son"		I INTERVAL BETWEEN
1				onary Occlusio			Sudden
	11201			onary occarasto	11		Budden
	Conditions, If	DUE any, which \		mary Arterios	ol sisonala	ronary Insuffic	oi enor
	gave rise to cause (a), st	immediate (		cardial Fibros		Tonary Insuria	Over 4 year
_	underlying caus	e last.	(c)				
ATION	PART II. OTHER S	SIGNIFICANT CONDITION	NS CONTRIL	BUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PERFORMED?
FIC		betes Melli					YES NO
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING DING CAUSE OF DEA	TH	DESCRIBE HOW INJURY OC	CURRED. (Enter nature o	f Injury in Part I or Part II o	of item 18.)
MEDICAL	20c. TIME OF I		Year 20d. While	e Not While	ACE OF INJURY (Home, f tory, street, office bldg., e		(County) (State)
	21. I certif	y that (!) (this hosp	itai) atten	ded the deceased from	April , 1	9 62, to Feb. 11	, 19 66, that (I) (we) last
	saw the deg	eased alive on F	eb. 9,	19 66 , and th	at death occurred at.	5:30M, florn the causes	and on the date stated above.
A	22a. SIGNATU	RE	-		ATTENDING -	MED STAFF	22b. DATE SIGNED
		una Ja	Then	ru N		MED. STAFF PHYS.	2/12/66
	22c. PATSICIA NAME (T)	N'S SAMUEL M.	JACOI	BSON, M. D.	22050 Persi	hing St., Cumb	erland, Md. 21502
23a	BURIAL, CREM REMOVAL (Spe	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETE		23d. LOCATION (City, to	202
24	Burial	2/1/	/66	St Michael	s Cemetery	C'D BY REGISTRAR 256. R	MO.
		Eichhorn		Lonaconing,			Carles Judge

VR A.15 20M 1, 1/65

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executed within 24 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificy

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		01617			CEKIII	IGATI	UF DEATE					Ui	المالات	
1	1.	a. COUNTY A	н legany		MAG	RYLAND	2. USUAL RESIDEN a. STATE	CE (Where		ed, If Ins b. COUN	ITV	Residence egan		dmission)
1	-	b. CITY OR TOW Write RURAL	N (if outside corpora	te Ilmits, m)	c. LENGTH OF ST.		c. CITY OR TOWN (II		corporate N	mits, wr	ite RURA	L and glv	e neares	st town)
		d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not In h	ospital, give street	address)	d. STREET ADDRESS						ON A I	IDENCE FARM? NO 🖾
	3.	NAME DF DECEASED (Type or print)	Rach	rst el	Middle May		Last De Vore	4. DA		Month bru:		Day	Yea	66
	5.	SEX	6. COLOR OR RACE	7. MARRIED		ED	B. DATE OF BIRTH		19. AGE (1)	n vears	IF UNDER		IF UNDER	24 HRS
	B	bmale	White	WIDOWED		ED	Feb. 8,18	84	82	vrs.	Months	Days	Hours	Min.
	10a dur	Ing most of work	ION (Give kind of work ing life, even if retire				Bedfor	County & S		n country	12. 0	OUNTRY	?	
-	13	FATHER'S NAM					14. MOTHER'S MAI							
		Willia	m Witt				Cath	erir	ne Cli	tes				
9	15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?   16.	SOCIAL SECURITY	VO.   17.	INFORMANT			Addre				
	(1)	No.	(If yes give war or dates o	f Service)	215-48-4	188	Mrs. Dor	othy	Bohr	) . Ji	ller	rsli	e.Mo	d.
			DEATH [Enter only on	e cause per			1	1 /			CAR CO C	INTE	RVAL BE	TWEEN
		PART I. D	EATH WAS CAUSED BY	· A	Dieto Us	21/4/	TNSUT	4019	NCY			ONS	ET AND	HS!
		420	IMMEDIATE CAUSE		aux va	1 0	21/1		,/			-	/	1
		Cenditions, If	any, which \	(b) Q	ENILE A	1.5.	GENERAL	1220	1, '			120	OYE:	5,
		gave rise to	immediate (	, , , , , , , , , , , , , , , , , , , ,	0/10/1	1/	110	10	1/ -	-1	,	- /		
		cause (a), s underlying cau	rating the	(c) (	urolle	AIV	It. Wille	2/	YPER	7211	3101	1 2	DYR	0
ŀ	NO		SIGNIFICANTCOND		UTING TO DEATH BU	TNOTRELA	TED TO THE TERMINAL	DISEASE	ONDITION	IVEN IN	PART Ma	182	WAS AL	JTOPSY
	CAT	MASS /	Sind Bit	1 BOEN	de halv	10/	A. ARTEM	anio	Olde	0/1	3 H 3-1	YE		NO F
	CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATIFY MEDICAL EXAMI	TU NER) 20b.	DESCRIBE HOW IN	IVRY OCCU	RKED. Ænder nature o	of Injury I	n Part I or	Part II o	of Item 1	8.)		
	MEDICAL	Hour a.	INJURY Month, Day, m. 19	Year 20d. While at wor	Not While at work	20e. PLA facto	CE OF INJURY (Home, f ry, street, office bldg.,		f. (City or	town)	(Co	ounty)	(:	State)
	-	21. I certl	fy that (I) (this hos	pital) attend	led the deceased	from C	etober !	195%	to other	2.11	, 192	ala, th	at (I) A	ve) last
į		saw the de	ceased alive on	in 21	1966	and that	death occurred at	4 TOM	, from the	causes	and on	the dat	e stated	above
		22a. SIGNATI	RE LUCAS	PRE		M.C	ATTENDING PHYS.	MED. DIRECTO	R STA	FF S.	22b.	DATE SIG	ENED 66	5
		22c. PHYSICI NAME (1		A.TO	DPER	MIE	22d. ADDRESS	SHA	11/1	EN	1/1.			
	23	BURIAL, CREI	MATION, 236. DATE ecify) Feb. 11	THEREOF /		Cemeters			LOCATION	an. I	28.	RD/f1		tate)
	24	. FUNERAL DIR			ADDRESS			EC'D BY R	EGISTRAR	25b. R	EGISTRA	R'S SIGN		
ı		LARALDON	1 toralo	"	Irmdman	Pa.	- CE	R 1 C	1000	80	leanes	0.0	100	

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TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01612			CERTIFIC	ATE OF	DEATH			()	155	8
1.	PLACE OF DEAT a. COUNTY					UAL RESIDENCE (	Where deceased liv	ed, If institu	tion: Residen	ice before a	dmission)
	b. CITY OR TOW	egany VN (if outside corpora , and give nearest toy	te limits,	c. LENGTH OF STAY II	ND c. CITY	Maryla OR TOWN (H out	side corporate li	mits, write	Alleg RURAL SA	a ny give heare	st town)
_				12 day	(ess) d. STR	Fros	tburg		0	e. IS RES	SIDENCE
				, , , , , , , , , , , , , , , , , , , ,				0.1			FARM?
3.	NAME OF	red Heart H	ospital rst	Middle		ast   4.	East Mai	n Stre Month	Da		
	(Type or print)	Margaret		Ada	Don	ahue	OF DEATH	Februa	ary	4 19	66
5.	Female	6. COLOR OR RACE white	7. MARRIED   WIDOWED	NEVER MARRIED [ DIVORCED [	8. DATE 10-	OF BIRTH	9. AGE (!	rthday) Mo	INDER I YEA		
10 du		TION (Give kind of work king life, even if retire	done 10b. Ki	IND OF BUSINESS OR IDUSTRY		RTHPLACE (County	y & State, or foreig		12. CITIZE	N OF WHA	ī
13	Houses				1 14. M	aryland OTHER'S MAIDEN	NAME		U	SA	
-		liam Lucas			14.	Annie Wi	inner				
		EVER IN U.S. ARMED FO	of service)	social security no.   7-10-6421	17. INFORMA	ont Chart		Address			
-	18. CAUSE OF	DEATH [Enter only on		ne for (a), (b), and (c).]					IN	TERVAL BE	TWEEN
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	:(2)	Coronary Oc	clusion				1	NSET AND	DEATH
1	420	DUE DUE		000000000000000000000000000000000000000							
	Conditions, If	any, which }		Rheumatie H	eart Dia	sease			3	yr.	
	gave rise to cause (a), s underlying caus	stating the DUE		Convertison :	Unant 1	Fadluma			3	mo.	
NO	-		(c)ONS CONTRIBU	Congestive TING TO DEATH BUT NOT	RELATED TO TH	HE TERMINAL DISE	ASE CONDITION (	IVEN IN PAR	RT1(a)   19	9. WAS AL	UTOPSY
ICAT		Cardiomegal	v and H	epatomeg al	y					PERFOR	NO#
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING CING CAUSE OF OFA OTIFY MEDICAL EXAMI	TH	epatomeg al	OCCURRED. (E	nter nature of Inju	ury In Part I or	Part II of Ite	em 18.)		
MEDICAL	20c. TIME OF Hour a.	INJURY Month, Day,		NONE NJURY OCCURRED   206	PLACE OF IN	JURY (Home, farm, office bldg., etc.)	20f. (City or	town)	(County)	(	State)
MEO	p.	m. None 9 19		at work							
7				ed the deceased from	Januar	y 24, 196	6, to Febr	uary	110 66	that (I) (	we) last
	saw the de	ceased alive on Fe	D. 4.	19 <b>66</b> , and	that death o	occurred at 3 • 4	2M, From the		d on the da		above.
	22a. SIGNATO	Ilae	cinon	Ant		NDING MED	STA	FF _	2-6-66	MIGHED	
	22c PHYSICI	AN'S				ADDRESS	ECTOR [ ] PHI	3			
	James (T	P. Hallina	n M. D.		14	O Bedford	St., Cu	umberla	md, M	d	
23:	a. BURIAL, CREA	MATION, 23b. DATE		23c. NAME OF CEM			23d. LOCATION		40.00	(S	tate)
-24	Burial	reb. 7	166	St. Michael	's Ceme		Frost	ourg, N	id.	CNATURE	
	Joseph R	. Durst, Sr	Fros					001	arles		
	o on other 10	- 20200	47 1100	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		DATEEB	10 1966	gen	arcey	Jusqu	_

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James L. Somumer L. 65 Fob, La 4

the Bestord St., Cumperland, Md. . . . noifle . . .

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission 1. PLACE OF DEATH e. COUNTY b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) FROSTBURG FROSTBURG .= WEEKS Pages filled d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO HOSPITAL completely 3. NAME OF Middle 4. DATE Month First paper DECEASED OF (Type or print) DEATH CARRIE 19 66 DUCKWORTI and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) | Months Days 189 WIDOWED DIVORCED death certificate 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working lile, even if retired) LONACONING. HOUSEWIFE HOME MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Q attending JAMES NICHOLS GERTRUDE TREZISE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yes, no or unkown) (Ilyes give wer or dates of service) signed by the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, il eny, which gave rise to immediate cause DUE TO (a), statfing the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY CERTIFICATION certificate PERFORMED? ass NO X use 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert If of item 18. 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, ferm, (Stete) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED fectory, street, oltice bldg., etc.) Whife Not White Hour a.m. at work et work 19.66 to 2/20, 19.66 that (1) (we) last 66., and that death occurred a 5.30 fm, from the causes and on the date stated above. saw the deceased alive on...... 22a. SIGNATURE SIGNED ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. death. Page 4 22d. ADDRESS HOSPITA 22c. PHYSICIAN'S NAME (Type) director, be filed 23d. LOCATION (City, 23s. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY OH REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

. 5 23 1.0 157 7 AND REPORT OF THE ROLL OF THE PROPERTY. AND THE RESERVE AS A DESCRIPTION OF THE PARTY OF THE PART O DEPUTY MEDIAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. File pages 1 and 2 with the State Department and to any event within 72 hours after death. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. For Health or its designated agent, prior to burial, cremation, or removal TO DEPUTY MEDIA

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

ALTIM DEDT	11014 MEDIOAL EXAMINER	OERTHOATE OF BEATT	ULUUU
ALTH( DEPT. )	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
	Allegany MARYLANE	e. STATE Maryland b. COUNTY	Allegany
the person	b. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)		
o the funeral e 5 may be Department after death.	Raveings,	Rawlings.	011
5 n epa ter	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre		e. IS RESIDENCE
af af			ON A FARM?
nd 3 to the tuner  Page 5 may 1  State Departme hours after deat	Along U. S. Rt. # 220	Along U. S. Rt. # 220	YES NO X
3. P Po	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
PM3. I h the St n 72 ho	(Type or print)	Evans DEATH Feb.	1, 19 66
form F form P within	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDE   last birthdey)   Months	R 1 YEAR   IF UNDER 24 HRS
18. Give Pages 1, along with form ages 1 and 2 with p any event within	Female White WIDOWED DIVORCED	Oct. 20, 1883 82 yrs.	Days Hours Min.
with with event	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. (	CITIZEN OF WHAT
w w	Housewife. Own home	Moorefield. W. Va. U.	S. A.
ong long any	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John A. Rumer		
Office and		7. INFDRMANT Address	
E 0	(Yes, no, or unkown) (If yes give war or dates of service)		11.1
mit nove		Ars. Clarence W. Walters, Rawlin	
Examiner's Examiner's insit permit, or removal	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
Exal Sit	PART I. DEATH WAS CAUSED BY: Corona	ry Occlusion	Sudden
"pending" in if Medical Exant burial-transit is cremation, or it	4201 DUE TO		
pending" Medical burial-tran remation,		nary Sclerosis	*****
Me	gave rise to immediate ( cause (a), stating the DUE TO		
- a iei d	underlying couse lest. (c)		
he Chi ed as burial	(0)	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	) 19. WAS AUTOPSY
the used to be	AAT		PERFORMED?
# 5 = 0	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY O	CCURRED. (Enter nature of injury in Part I or Part II of Item 1	.8.)
certificate, writing the word tould be forwarded to the Chief les.  R: Page 3 should be used as a languated agent, prior to burial, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OF PRIMARY   0 or CONTRIBUTING   CAUSE OF DEATH.		
war var ou		PLACE OF INJURY (Home, farm, 20f. (City or town) (C	ounty) (State)
forward forward 3 shoul agent, p	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. Hour a.m. While Not While at work at work	ictory, street, office bldg., etc.)	(0120)
og ege	p.m. 19 at work at work		
the certific should be files. TOR: Page designated	21. I certify that I took charge of the remains described above,		_
illes Files OR: Sig	death resulted from: Natural causes X, Accident ,	Suicide , Homicide , Undetermined manner	r 🔲
7 A	1 1-0-10 0-11	CHIEF MEDICAL EXAMINER	
age 4 r your DIREC r its d	SIGNATURE Senested Cetarelie	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
To Le	EVALUEDE OFFICE OFFICE OF A	DEPUTY MEDICAL EXAMINER XFebruary	
ector. I	EXAMINER'S BENEDICT SKITARELIC, M.D.	Address (Street, city, town, or county)Cumber	
please edirector. retained FUNERI of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEME	ERY OR CREMATORY 23d. LOCATION (City, town or c	county) (State)
of ret	Burial (Specify) 2/3/66 Restlawn M		Maryland
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
VR AISME (5)	H. Wayne George Cumberland, Md.	DATE FEB 7 1966 Files	eles Judge
5M 1/65 M		<u> </u>	

11888 130 T. 12 P. L. 135 The state of the s The security the start of the security of the security of the The Aller of the Control of the Cont . Et . Hall sea model a see one had Particular University Consists of Consistent, Personal a. Dagong disease. Open a pont. 15th w

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after death. ang 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY ALLEGANY MARYLAND b. CITY DR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) oon papers. Pag within 72 hours hours 9HRS. Frastburg = d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS Parkersburg Rd. 24 MEMORIAL HOSPITALL BOX etely executed within carbon NAME DE First Last 4. DATE Month Middle DECEASED DEATHFEBRUARY comple (Type or print) FILSINGER HE RMAN Adalphi SEX 6. CDLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 0 7. MARRIED NEVER MARRIED last birthday) | Months | -189 MAL E WIDDWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Coal Rotinod MARYL certificate 0 13. FATHER'S NAME attending ph ermit. Then removal HAUSBRATH HERMAN FILSINGER LOUISA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) law requires that the death CUMBERLAND, cremation, 214-01-3597 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO has be as the cause (a), stating underlying cause last, CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health use certificate hospital After this certif I be detached for State Dept. of H 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) a After Hour a.m. MEDI While Not While at work p.m at work be retained the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at 4: saw the deceased alive on. 22a. SIGNATURA page MED. STAFF M.D. DIRECTOR HOSPITAL TO FUNERAL PHYSICIAN director, p NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. REMDVAL (Specify) burial 24. FUNERAL DIRECTOR REC'D BY REGISTRAR

Wayne George

Cumberland

WAS AUTDPSY PERFORMED? NO YES (County) (State) M. from the causes and on the date stated above. LOCATION (City, town or county) (State)

ALLEGAN

Days

12. CITIZEN OF WHAT

COUNTRY? S

e. IS RESIDENCE

YES

ON A FARM?

Year

Hours

INTERVAL BETWEEN ONSET AND DEATH

19 66

ND X

VR AIS 2DM

311110 11061 ANTE CONA TRANSPORT OF THE PROPERTY OF T ANLE WILTE -- FILSINGER -- TEHRIATY 26, AND ANLE WILTE -- THE STATE OF A . S. II . S. AM AND MARKET THE STATE OF TH HERMAN FILTINGER The same of the sa Bright Value of the American ON. S.O. HIMMEDVERSHIT 193 VIRGINIE AVE.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY the 1 b. COUNTY ALLEGANY after ( MARYLAND Pages 1 urs after MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) p ve carbon papers. Pag event, within 72 hours hours CUMBERLAND CUMBERLAND DAYS = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADORESS 2265 HOSPITAL LEE STREET MEMORIAL within etely completely we carbon 3. NAME DE Month First Last DATE Middle DECEASED DF DEATH FEB. LULA FINK (Type or print) Halon executed SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS OATE OF BIRTH 7. MARRIED remove NEVER MARRIED last birthday) Months I FEMALE and 8 888 -9-1 WIDOWED X DIVORCED and in a 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done) physic. nlease r ICIAN during most of working life, even if retired) INDUSTRY Alleganu Practical Nurse Hospital removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phi ermit. Then p certific WILLIAM BOYD LOUIS DAVIS 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? permit. 5 death (Yes, no, or unkown) (If yes give war or dates of service) MEMORIAL HOSPITAL cremation, 214-16-2763 No CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] in signed by the burial-transit law requires that the PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) **OUE TO** Cenditions, If any, which (b) been rise to immediate the l OUE TO cause (a), stating the has be as th underlying cause last. (c) CERTIFICATION for use Health r this certificate I detached for use te Dept. of Health hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) 20c. TIME OF INJURY Month, Oay, Year be de State I factory, street, office bldg., etc.) After Id by Hour a.m. While Not While ATTENDING at work at work p,m retained the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the and that death occurred a saw the deceased alive on 22a. SIGNATURE pe page AFFENDING DIRECTOR may HOSPITAL FUNERAL PHYSICIAN'8 22d. AOORESS director, p 22c. NAME (Type) ST. CENTRE

12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? A. . Address CUMBERLAND. INTERVAL BETWEEN ONSET AND OEATH 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PEREORMED? NO I DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) (State) (County) from the causes and on the date stated above. 22b. OATE SIGNED CUMBERLAND. MD. (State) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. REMOVAL (Specify) 2/28/66 burral Rose. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. Cumberland. Wayne George

ALLEGANY

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IS RESIDENCE

ON A FARM?

19

Hours |

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13. 25. 19		to ye		AUTO
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	- 221V/V	321001		GAUGE WITTING
		No. 1		
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	CENTRE ST	122 8.	MULLIAMS	.9 .W . ## 101
				ALFINE TERROR
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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01617 CERTIFICA	IE OF DEATH U1563
1. PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare admission) b. COUNTY MINERAL
b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)  CUMBERLAND  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) RIDGELEY
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  SACRED HEART HOSPITAL	d. STREET ADDRESS  RT 1.  0. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF First Middle DECEASED (Type or print) OSCAR WILLIAM	FLANAGAN  4. DATE OF DEATH  2 Month Day Year 19 66
S. SEX MALE  6. COLOR OR RACE WIDOWED  NEVER MARRIED  DIVORCED	B. DATE OF BIRTH 2-27-97  9. AGE (In yeors lgst birthday) 68  9. AGE (In yeors lgst birthday) 68  9. AGE (In yeors lgst birthday) 68  9. AGE (In yeors lgst lgst lgst lgst lgst lgst lgst lgs
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Laborer Industry	11. BIRTHPLACE (County & Stote, or foreign country)  EVENWOOD, W. VA.  12. CITIZEN OF WHAT COUNTRY?  USA
John (William Flanagan)	14. MOTHER'S MAIDEN NAME  Elizabeth Mc Bee
(Yes no or unknown) (If we give war or dates of service)	PATIENT'S CHART
Canditians, if any, which gove rise to immediate couse (o), stating the underlying couse last.  DUE TO  (b) arturnlung  (c) Clumni lunn	elit's 5pm
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DEATH BUT NOT REL	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO
206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
Hour o.m. p.m. 19 While at work at work	PLACE OF INJURY (Home, form, octary, street, office bldg., etc.) (City ar tawn) (Caunty) (Stote)
21. I certify that (1) (this hospital) attended the deceased fram saw the deceased alive on 2 - 10 - 19 66, and t	
22a. SIGNATURE Chin Knip	M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 2-12-66
22c. PHYSICIAN'S _	22d. ADDRESS
NAME (Type) Dr. Lewis Brings, M.D.	57 Greene St., Cumberland, Md.
NAME (Type) Dr. Lewis Prings, M.D.  230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE e along with form PM3. Page any deloy is mm 18. Give Pages 1, 2, and 3 to

01618

poges I and 2 with the State Department of

This certificate shauld be executed within 24 hours after death. If

necessory, pleose execute the certificote, writing the word "pending" in pencil the funeral directar. Poge 4 should be forwarded to the Chief Medical Examinates

necessory, please execute the certificate, writing the word

TO DEPUTY MEDICAL EXAMINER:

Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File 2

VR A15ME 5

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()	1	K	C	A
U	1.	0	U	4

	1. PLACE OF DEATH			eceosed lived, if institution: Reside	ence before odmission)		
	o. COUNTY Allegany	MARYLAND	"Maryland	b. COUNTY All	eganv		
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH (	OF STAY IN 16 C.	CITY OR TOWN (If outside co	rparate limits, write RURAL and g	ive nearest tawn)		
	Harpersville-Rural Lonaconi	11	Harpersville-Rural-Lonaconing				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street add		STREET ADDRESS		e. IS RESIDENCE		
0				01-	ON A FARM?  YES NO		
	DECEASED	iddle	Lost 4. D/		Doy Year		
	(Type or print) JEAN IV.	GEOR	Gilli DE	ATH 2/28/1966			
	1 9		ATE OF BIRTH	9. AGE (In years IF UNDE lost birthdoy) Months	R 1 YEAR   1F UNDER 24 HRS.   Doys Hours Min.		
	- 01110120	DIVORCED	7/21/1921	44 yrs. 7	7		
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINE USINE		1. BIRTHPLACE (Stote or forei		ITIZEN OF WHAT OUNTRY?		
	House Wife Home		Gilmore 1 MOTHER'S MAIDEN NAME	D. I	I.S.A		
	13. FATHER'S NAME  John Martin	14.					
				Livingston			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)			Address	3.00		
	No 220-07	-6762 Rus	sell George	e, Lonaconing			
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond PART I. DEATH WAS CAUSED BY:			Husband)	INTERVAL BETWEEN ONSET AND DEATH		
	IMMEDIATE CAUSE (a) GUNSE	OT OF CH	EST		SUDDEN SUDDEN		
	Conditions, if ony, which gove )  (SET.F	TARTTON	TET \				
	rise to immediate couse (a)	INFLICT	<u> </u>				
	stoting the underlying couse DUE TO						
	last.   (c)	1107 051 1750 70 715 7	TO HUMAN DISCUSS CONDITION	OVER IN BART 1/ 1	19. WAS AUTOPSY		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE CONDITION	GIVEN IN PART I(0)	PERFORMED?		
6	20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW I	Ullay Occupant (r	The second second second	0 . 11 . ( ) 10 \	YES X NO		
	PRIMARY Or CONTRIBUTING	NJURY OCCURRED. (Enter	r noture of injury in Port I o	r Port II of Item IB.)			
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURR While Not Wh			Of. (City or town) (C	ounty) (Stote)		
	Hour o.m. 19 While □ Not Wh of work □ of work		treet, office bldg., etc.)				
	21. I certify that 1 taak charge af the remains descr	bed above, held a	in Autopsy 🛣, Insp	ectian 💢 , Inquiry 💢	and in my apinion		
	death resulted fram: Natural causes 🔲 , Accide	nt 🔲, Suicide	X, Homicide,	Undetermined manner			
	ACTUAL & 1 do 1	,	CHIEF MEDICAL EXAMIN	ER			
	SIGNATURE Desided Skitare	led M.	.D. ASSISTANT MEDICAL EX		22. DATE SIGNED		
	RAMINERS Benedict Skitarelic,	Cumberl	DEPUTY MEDICAL EXAM	own, or county) 2/28/	1966		
		OF CEMETERY OR CREM	ATORY 230	d. LOCATION (City or Town)	(County) (State)		
	Burial 3/3/1966 Mem	orial Par	rk		D.		
	24. FUNERAL DIRECTOR ADD	RESS	2So. REC'D BY RE	GISTRAR 2Sb. REGISTRAR'S			
2	George Eichhorn Lonac	oning, M	D. DATAR 3	1966 /Cliane	ey Judge		

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executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

) •	DIVISIO	N OF STATISTI		EARCH AND REC	ORDS	PARTMENT OF H , 301 W. PRESTON S OF DEATH		RE 1, MAR	YLAND 565
1.	PLACE DF DEATI	7 1		OLIVIII	7711		Where deceased lived, If Ins	titution: Reside	nce before admission)
	a. COUNTY					a. STATE	b. COUN	TY	
		LLEGANY	ate limits	MARYLI c. LENGTH OF STAY		MARYLA	AND side corporate limits, wr	ALLEGA	
		N (if outside corporand give nearest to	wn)	C. LENGIN OF STATE	IN AD		side corporate mints, mi	TO NORTH BITO	/ /
_	d. NAME OF HO		ION (if not Ir	hospital, give street ad	drass)	d. STREET ADDRESS		0	e. IS RESIDENCE
				mospital, give on our au	4,000,	Nr. U. S.	Rt. # 220		ON A FARM?
3.	NAME OF	HEART HOS	rirst	Middle		Last 4.		n	YES NO Year
٥.	DECEASED (Type or print)						OF		
5.	SEX SEX	6. COLOR OR RACE	100		1 4	ORDON DATE OF BIRTH	P P D	IF UNDER 1 YE	AR JIF UNDER 24 HRS.
	D-01.64 T 20		WIDOW			June 21. 1890		Months   Day	AR IF UNDER 24 HRS. Hours   Min.
	FEMALE.	I WHITE TON (Give kind of wor		KIND OF BUSINESS OR	<u> </u>		y & State, or foreign country	12. CITIZE	N OF WHAT
dur	12 .	ing life, even If retir		wn home		3440377 4370	Allegany	COUNT	RY?
13.	FATHER'S NAM		1 0	wit nome	-	14. MOTHER'S MAIDEN		II.S.	Α
				(2)	20%	Makagrat		- (n)	
		EVER IN U.S. ARMED F	ORCES?   1	(D) 6. SOCIAL SECURITYNO.	1 17.	Margaret M(	C KENZTE LEAS		
(Ye	s, no, or unkown)	(If yes give war or dates	of service)	None.	Mari	s. Elsie En He	aan Rt: # 5 (	Cumb. Mo	1
1		DEATH [Enter only o	ne cause pe	r line for (a), (b), and (c).		o. Laste Ly, III	auditives " 5 (		TERVAL BETWEEN
		EATH WAS CAUSED B	Y: 1	0	- 1	and Are	clark D4	0	NSET AND DEATH
	443	IMMEDIATE CAUS		from a cer	e hoo	victor rice	, a.	0	Lday 5-
	Conditions, If		(b)	herbuhine (	and.	iovascular E	Dispare		
	gave rise to	DIII	E TO		DC - 00	0.0 4 000			
	cause (a), s underlying caus	rating the	(c)						
NOI	PART II. OTHER	SIGNIFICANT CONDIT		IBUTING TO DEATH BUT NO	DT RELA	TED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN	PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
ICA1									YES NO
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	] 20b.	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature of In)	ury in Part I or Part II o	f Item 18.)	
	(IF EITHER, NO	ING CAUSE OF DETIFY MEDICAL EXAM	INER)						
MEDICAL	20c. TIME OF Hour a.i	INJURY Month, Day				CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
MED	p.i		Wh at w			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	21. I certif	y that (1) (this hos	spital) atte	nded the deceased fro	om		6, to teb 2		that (I) (we) last
		ceased alive on	186,2	-61965_, an	nd that	death occurred at 7:00	<b>L</b> M, from the causes		
	22a. SIGNATU	RE 1	Mil	1		ATTENDING / MED	staff -	22b. DATE	
	22c. PHYSICIA	Calmh J -	Hodra	la	M.D	PHYS. DIRI	ECTOR PHYS.	3/2/60	5
	NAME (T		Y. HI	MAIGIGA		ALGONA	UIN HOTEL	CUMBE	RLAWD MD.
23a	BURIAL CREM	ATION, 23b. DATE	THEREOF	1 23c. NAME OF CEN	METERY		23d. LOCATION (City, to	wn or county)	(State)
200	BURIAL CREM REMOVAL (Spe Burial	eclfy) 3/3/6		Biertown			Nr. Rawlings		
24.			U	ADDRESS	0011		BY REGISTRAR   25b. R	EGISTRAR'S SI	
	H. Wayn	e George	Cumber	land, Maryla	ınd	DATEAR	1969 gc	liarles	Judge

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ii. dayne George Cumercond, Baryland

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT. delay is

P.M3. Page portment af death. after form hours State | Give Poges in Item 18. Office lan the Chief Medical Examiner's pencil \_= permit. removal burial-tronsit 0 writing the word farwarded

after death.

be executed within 24 hours

This certificate should

EXAMINER:

O DEPUTY

the certificate,

please execute

4 should

director.

funerol

VR A15ME

6M 1/66

24. FUNERAL DIRECTOR

BYRON KIGHT

any burial, cremation, 0 used 0 pe prior should ogent, may be retoined for your FUNERAL DIRECTOR: Page designoted

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE ALTEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 write RURAL and give negrest town)
RURAL CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 200 DECATUR ST. HOMEWOOD ADDITION 3. NAME OF Middle 4 DATE Lost DECEASED (Type or print) DEATH ROBERT S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED MALE WIDOWED DIVORCED WHITTE NOV.14.1904 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) INDUSTRY LABORER SELF EMP MARYTAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ALBERT HAST 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (Iff yes give wor or dotes of service) ROBERT HAST, JR. NO UNKNOWN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY CORONARY OCCLUSTON IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove CORONARY SCLEROSTS rise to immediate couse (a). DUE TO stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Dov. Year 20d. INJURY OCCURRED Hour o.m. Not While factory, street, office bldg., etc.) 19 ot work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection XX death resulted fram: Natural causes XX Accident Suicide | | Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Health or i EXAMINER'S NAME (Type) BENED SKITARELIC , M.D. 23o. BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 50 FEB. 22.1966 LUKES CEMETERY

ADDRESS

CUMBERLAND, MD.

e. IS RESIDENCE ON A FARM?

ALLEGANY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHMBERT AND YES NO X Month Year AGE (In years IF UNDER YEAR IF UNDER 24 HRS lost birthdoy) Months 12. CITIZEN OF WHAT COUNTRY? TISA ELLA REUSCHLIEN Address BALTIMORE. MD. INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? NO XX (City or town) (County) (Stote) Inquiry XX and in my apinian Undetermined manner 22. DATE SIGNED DEPUTY MEDICAL EXAMINERXXX February 19, 1966 Address (Street, city, town, or county) Cumberland, Md. (County) (Stote)

2So. REC'D BY REGISTRAR

2 8 00 00

VR A15 (4) 15M 4-64

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	. 0162	1 0 = 0		CERTIFICAT	E OF DEATH		01567
1. A	PLACE OF DEAT a. COUNTY 1.1egany			MARYLAND	a. STATE	b. cour	legany
	b. CITY OR TOW Write RURAL umberland			c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, w	rite RUMAL and give nearest town)
6			N (if not In hos	pital, give street address)			e. IS RESIDENCE ON A FARM? YES NO (2)
3.	NAME DE		rst	Middle	611 Kent A	Ve. 14. DATE Mont	
	(Type or print)	George	F	Hazelwood.	54.	OF	
5.	SEX	6. COLOR OR RACE	100000000000000000000000000000000000000	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years' last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10	Male	White TION (Give kind of work	done   10h KIN	DIVORCED DIVORCED DIVORCED	March 26, 188	87 78 yrs. ounty & State, or foreign country	
du	iring most of work	ing life, even If retire	d) INI	DUSTRY		ourity of Jensey of Youngs of Courts,	CDUNTRY?
13	Contract  B. FATHER'S NAM		1 Go	nstruction	England	DEN NAME	U.S.A.
	Fred Ha	boow [#s			Files Hes	med	
1	<ol><li>WAS DECEASED</li></ol>	EVER IN U.S. ARMED FO	RCES? 16. S		Ellen Ha		
L	20				Mrs. Margery	Hazelwood 61	Kent Ave.
	1	DEATH [Enter only on					ONSET AND DEATH
		EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) 1947	noral Corles			12 govi
	Conditions, If		to ad	explorenon	is Colon, m	netin coum	with iscendens loke
	gave rise to cause (a), s	Immediate	TO	with resert	m 30 80	no 1965	
	underlying cau	se last.	(c)				
ATIO	PART II. OTHER		4	1 0		DISEASE CONDITION GIVEN IN	PERFORMED?
IFIC/	20a ACCIDENT	WAS LINDERLYING	rdivo			f Injury in Part I or Part II	YES NO A
CERTIFICATION		ING CAUSE OF DEA	TH NER)				
MEDICAL	2Dc. TIME OF Hour a.	INJURY Month, Day, m.	Year   2Dd. IN.	JURY OCCURRED   2De. PL	ACE OF INJURY (Home, fa ory, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
ME	р.	m. 19	at work	at work	O December	. 79 . 20 Febru	118788 Hith H. J. (1) (m) look
							uarpo 666, that (I) (we) last and on the date stated above.
	22a. SIGNATU	IRE	0				22b. DATE SIGNED
	22a. SIGNATURE  W. A. Van Olme  M.D. ATTENDING MED. STAFF   22 Feb. 1966						
	22c. PHYSICI NAME (1	ype) W. Alfre	d Van Or	mer M. D.	122 S. Cer		erlano, Maryland
23	BURIAL CREI	MATION, 23b. DATE		23c. NAME OF CEMETER		23d. LOCATION (City, t	
	4. FUNERAL DIR	1 000	23, 196	Hillcrest ADDRESS	Burial Park	Allegany Con	unty MD.
I	Jouis Ste	in Inc.	C	umberland	MD. FEB	24 1956 gcl	earles Judge
-						U	// //

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FOR STATE HEALTH DEPT. O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after defined d TO DEPUTY MEDIC 0

VR AISME (5) 5M 1/65

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CEPTIFICATE OF DEATH MARYLAND STATE DEPARTMENT OF HEALTH 568

9 14					- N				
	1.	PLACE OF DEATH a. COUNTY  Allegany  MARYIAND	a STATE	ICE (Where deceased live	b. COUNTY		admission)		
1		- U MANTENTE		if outside corporate lir		legany	rest town)		
1		b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)  Cumberland.	Cumber		mis, with hunner	01-1	/		
r		d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS	S			ESIDENCE A FARM?		
		D. O. A. Memorial Hosp.	30 Rob	erts St.	2222	YES	No 🛛		
	3.	NAME OF First Middle DECEASED	Last	4. DATE	Month		Year		
		(Typa or print) Charles William	Headley	DEATH	eb.		9 66		
	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In	years   IF UNDER : thday)   Months	Days Hou			
1		Male White WIDOWED DIVORCED	Jan. 17, 19	766	yrs.	11 Hour	15 141111.		
1	1Da	. USUAL OCCUPATION (Giva kind of workdona   10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY		Stata or foreign count	ry) 12. Cl	TIZEN OF WH	AT		
1		one (infant) None (infant)	Cumberl	Land. Marylo		-			
1		FATHER'S NAME	14. MOTHER'S MAI		ara   a,	0. //	-		
1		Charles W. Headley	Laura	J. Clites					
1	15.	WAS DECEASED EVED IN U.S. ADMEDICADESES   16 SPOLAL SECURITY NO.   17	INFORMANT	3. 000000	Addrass		Md.		
1	(Ye	, no, or unknown) (If yes give war or dates of service) None  None	r. Charles u	1 Hoadlow 3	20 Pahart	c+ (			
2	_		t. Charces w	. Heuntey J	TO ROBELL	I INTERVAL I			
J		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute Card	ian Failure			ONSET AN			
	1	IMMEDIATE CAUSE (8)	cac raccate			THEFTE	~		
		Cardinary Mary Welch Due TD Patent Ductus Arteriosus							
4		Conditions, if any, which gave rise to immediate (b)							
4		cause (a), stating tha DUE TO							
		undarlying cause last. (c)		DISCHARGONIDITIONS	IVEN IN DART 1(a)	119. WAS	AUTOPCY		
1	5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITION G	IAEM IM SAK I 1(9)	PERF	ORMED?		
-	CA					YES X	NO [		
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	CURRED. (Enter natura	of Injury In Part 1 or F	art II of Item 18.	)			
1		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE DF INJURY (Homa,	farm, 20f. (City or 1	town) (Cou	nty)	(State)		
1	MEDICAL	Hour a.m. While Not While	tory, street, office bldg.,	atc.)					
	Z	p,m. 19 at work at work	ald an Autonou V	Inspection X.	Inquiry X.	and in m	ny opinior		
		21. I certify that I took charge of the remains described above, h			rmined manner		iy opinioi		
		death resulted from: Natural causes , Accident , S	uicide, Homic	AL EXAMINER	Illined manner				
		ACTUAL B. J. + 16 T. (C)	A DOLOT AND A	EDICAL EXAMINER	1	22. DAT	E SIGNED		
		SIGNATURE X SILVE CUCK SECTIONALLIC	M.D. ASSISTANT M	ICAL EXAMINER	Gebruary	28. 10	966		
		EXAMINER'S NAME (Type) Benedict Skitarelic. M.D.	Address (Stre	et, city, town, or cour	ity Eumberl	and. Me	d.		
	23a	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER			(City, town or cou				
		BREMOVAL (Specify) 3/3/66 Hillcrest Bu	rial Parb	Cumberl	and. N	Marylan	ıd		
	24.	FUNERAL DIRECTOR ADDRESS		EC'D BY REGISTRAR	25b. REGISTRAR'	S SIGNATURE	E		
1		H. Wayne George Cumberland, Maryland	nd DATE A	R 4 1966	Milarle	24 Judis	2		
			DATE	T TOOU		1 1			

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MOSTO TO THE STATE OF THE STATE and the state of t E 13.07 If wants Toger T Te. Olgazega II. Hermon 30 -puesta 31:50 Marke I around a character Tricker Districts Addition of the Several Communication (Communication Communication) men which the truled in the same to be sure in the Paris Benefited Statistics, Inc. TAKE TO SEE THE PROPERTY OF TH H. Com Connect Constraint, Nucleitan ..

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then least remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal. Softm any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
() 1560

	U104	<b>3</b>		CERTIFICATI	E OF DEATH		07003
1.	PLACE DE DEAT	Н			2. USUAL RESIDENC	E (Where deceased lived, If Institution	: Residence before admission)
	ALLEG.	ANY			a. STATE	b. COUNTY	
-		VN (if outside corporate li	nite	MARYLAND  1 c. LENGTH OF STAY IN 1b	A CITY OF TOWN (IS	Outside corporate limits, write RUR	LEGANY
	Write RURAL	and give nearest town)	11113,	20 DAYS	1		/ / a /
			not in h	ospital, give street address)	d. STREET ADDRESS	RLAND	e. IS RESIDENCE
		The state of the s		ospital, Kito street address)	U. SIREEI ADDRESS		ON A FARM?
	MEMOR	IAL HOSPIT	AL		RT_#2	WILLIAMS ROAD	YES NO
3.	NAME DF DECEASED	First		Middle	Last	4. DATE Month	Day Year
	(Type or print)	GEO	RGE	Р	HINKLE	DEATH FFB.	28 19 66
5.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED   8	B. DATE OF BIRTH	9. AGE (In years IF UND	FR 1 YEAR HEUNDER 24 HRS.
	MALE	5 21 1 a mar pm	IDOWED		Mar. 12, 18	last birthday) Month	s Days Hours Min.
10a	. USUAL OCCUPA	TION (Give kind of work done		IND OF BUSINESS OR		ounty & State, or foreign country)   12.	CITIZEN OF WHAT
		king life, even if retired) Survevor	11	NDUSTRY	Allegan	Co., Maryland	US A
	FATHER'S NAM		1		14. MOTHER'S MAID		UDA
16	WAS DECEASED	Edward Milt		inkle SOCIAL SECURITY NO.   17.	Hatti	e L. Twigg	_
		(If yes give war or dates of serv		SOCIAL SECURITY NO. 17.	INFORMANI	Address	
	No		22	20-19-2072 Mrs.	Charlotte	Beneen, Hinkle Ro	
		<b>DEATH</b> [Enter only one ca	use per l	Ine for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_		chamil e	winds - winds	Hund Failure	ONOET NATU DESTIN
	4221	DUE TO			8		
	Cenditions, If	any which \		O. Niningal	Prodiction Ann	Nina males Dages	4
	gave rise to	Immediate (		400100000	mana ( m	1===	
	cause (a), s	an land					
N	underlying cau	1 (0/-	ONTRIBL	ITING TO DEATH BUILDINGS BELA	TED TOTHETERMINAL D	DISEASE CONDITION GIVEN IN PART 1	(a) 119. WAS AUTOPSY
CERTIFICATION	TAKTII. OTHER	Significant constitions	ONTRIBE	JIMO TO DEATH BOT NOT KEEN	TED TO THE TERMINAL D	NOLIGE CONDITION OF LIKE INVALVA	PERFORMED?
FIC							YES NO
RTI	OR CONTRIBUT	WAS UNDERLYING THE CAUSE OF DEATH		DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	f Injury in Part I or Part II of Item	18.)
	(IF EITHER, NO	TIFY MEDICAL EXAMINER)					
CAL		INJURY Month, Day, Year	2Dd.	NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, fary, street, office bldg., e		County) (State)
MEDICAL	Hour a.	.m. 19	While at worl	Not while	ry, street, omce blug., e	16.)	
2	-	fy that (I) (this hospital	1		2 ~ 8 10	966 to 2.27 19	LC, that (I) (we) last
	The second second second		228			1459M, from the causes and pr	n the date stated above.
	22a. SIGNATU	COCCOCC CITYC OIL	4	and that		22b.	
		1	0/0	14 D	ATTENDING N	MED. STAFF	2/1/11
	22c. PHYSICI	AN'S	. 70	Luce M.D	22d. ADDRESS	DIRECTOR PHYS.	11166
	NAME (T	Type)		1 41450	1111		
23a	DIIDINI COLI	DR.WILLIA MATION.I 23b. DATE THEF	IM P	1 AMES		CENTER ST CUMBE 23d. LOCATION (City, town or	RLAND, MD.
238	BURIAL, CREI	pecify)					
-00			1960	Mt. Hermand	Cemetery	Near Cumberland	MELIGNATURE
24	. FUNERAL DIR	~/ //.		11		A 4000 MARIE	la Jules
7/2	son It.	- 230	Balta	o Ave. Cumber	and WANAK	4 1966 Jane	The state of the s

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Allegany Co., Junyland V.S.A.

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DR.WHILLIAM P. IAMES - JAN W. CENTER ST. COMBERLAND, MN.

Suring March 3, 1966 17, Depresal Compley Compley and Ma Section of the Cartest and Administration of the Control of the Cartest and th

TD HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0105	4		CERTIFICAT	E OF DEATE			570
1. PLACE DF DEA a. COUNTY	TH				CE (Where deceased lived,		idence before admission
	ANV		MARYLAND	a. STATE MARYLAI		COUNTY	FGANY
b. CITT OR TO	WN (if outside corpor	ate limits,	c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If	outside corporate limit		
CUMBEI	L and give nearest to RLAND	wn)	5 DAYS	FROSTB	URG		01-1
d. NAME DF H	DSPITAL OR INSTITUTI	ON (if not in hos	pital, give street address				e. IS RESIDENC
MEMOR	IAL HOSPI	TAL		RT.#1.	BOX 321		YES NO
3. NAME DE	- F	First	Middle	Last	4. DATE	Month	Day Year
(Type or print)		JANE	В	HOTCHKISS	DF DEATH 2生	2/6/196	6 19
5. SEX	6. CDLDR DR RACE	7. MARRIED	NEVER MARRIED	8. DATE DF BIRTH	9. AGE (In y		YEAR IF UNDER 24HR
FEMALE	WHITE	WIDOWED	DIVORCED	OCT. 18. 188		rs.	ays Hours Min
10a. USUAL OCCUPA	ATIDN (Give kind of wor	k done 1Db. KIN	ID OF BUSINESS DR	11. BIRTHPLACE (C	ounty & State, or foreign c	ountry)   12. CIT	IZEN OF WHAT
House	rking life, even if retire Wife	Cu) IND	JOSIA	SCOTLAN	D	U.	S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIL	DEN NAME		
SAMUE	L BROWN			JANE M	C KENNON		
15. WAS DECEASE	DEVER IN U.S. ARMED F		OCIAL SECURITY NO.   17.	INFORMANT	A	Address	
No No	(11 Jes flite wat of nufes		one	MEMORIAL	HOSPITAL C	HMRERLA	חא חאו
	F DEATH [Enter only o			HEIIVITAL			INTERVAL BETWEEN
PART I. I	DEATH WAS CAUSED B	Y: Greba	al Lemonto	al mann	i, with v	7	ONSET AND OEATH
422	1	E (a) E TO	Lenyle	ma.			5 duys
Conditions, If		(b)					
gave rise to	Pill	E TD arters	Ber- reland	u Condro	vice der	ene	5 years
cause (a), underlying ca	stating the	(c)		a count			
PART II. DTHE	RSIGNIFICANTCONDIT	IDNSCDNTRIBUT	ING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASECONDITIONGIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAI							YES NO
PART II, DTHEF	T WAS UNDERLYING	ZTH 2Db. DE	SCRIBE HOW INJURY OCC	URRED. (Enter nature o	f injury in Part I or Par	t II of Item 18.)	
	TING CAUSE DF DE OTIFY MEDICAL EXAM	INER)					
0	F INJURY Month, Day	, Year   20d. INJ	TURY OCCURRED   20e. PL	ACE OF INJURY (Home, fa	arm, 20f. (City or tov	vn) (Count	ty) (State)
Hour a	a.m. p.m. 19	While at work	Not While at work	tory, street, onice blug., e	10.)		
			the deceased from	1 Feb. 1	9606 to 61	Fell 1960	C, that (I) (we) la
	leceased alive on	le tret		at death occurred at			
22a. SIGNAT		~ ^	, , , , , , , , , , , , , , , , , , , ,			22b. DAT	
W.	alpert	Von or	mer M		MEO. STAFF PHYS.		
22c. PHYSIC NAME (				22d. ADDRESS			
IAMINE (		AM A. V	AN ORMER	122 S.	CENTRE ST.	CUMBER	LAND, MD.
23a. BURIAL, CRE	MATIDN, 23b. DATE	1 11	23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION (C		
REMOVAL (S		1966		ark		burg, M	
24. FUNERAL DI			ADDRESS	1 550	A &	b. REGISTRAR'S	Λ .
GEORG	E EICHHOR	lN	LONACONING	MD DATE	10 1966	Juanes	Judge

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MEMORIAL HOSPITAL ROX 321

JANE B HOTCHKISS FOR SECTION

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SAMUEL BROWN

ACCURATE MEMORIAL HOSPITAL, CHARERLAND, IND.

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Pages 1 after TO FUNERAL director, p

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY ALLEGANY a. STATE b. COUNTY ALLEGANY MARYLAND b. CITY DR TOWN (if outside corporate limits. c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CUMBERLAND DAYS FROSTBURG. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL BOX 490 NO NAME DE First Middle DATE Month Year Last 4. DECEASED (Type or print) ELMER DEATH FEBRUARY 19 66 HOVATTER 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED birthday) Months Days Hours 3-17-1907 MAL F DIVORCED WIDOWED 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? CELANESE CORP OF AMERICA VIRGINIA WEST 13. FATHER'S NAME MOTHER'S MAIDEN NAME HOVATTER NORA HOVATTER 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) MEMORIAL HOSPITAL-CUMBERLAND, MD. 217-10-5139 No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Cenditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating the underlying cause last. CERTIFICATION WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO T 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 66 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last to 27, from the causes and on the date stated above. saw the deceased alive on and that death occurred a DATE SIGNED 22a. SIGNATURE 22b. ATTENDING DIRECTOR M.D. PHYS. PHYS. ADDRESS 456 MD. PHYSICIAN'S 22d. STREET, CUMBERLAND NAME (Type) BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Feb. 4, 1966 Madley Cemetery Near Hyndman, Penna. Burial FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS Balto Ave., Cumberland, MdDATE

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		E BH , bon!	Ave., Cumber	230 Ralto		

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01626 CERTIFICATE OF DEATH after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE ALLEGANY MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Pag nin 72 hours CUMBERLAND nearest town) hours CUMBERLAND. MD. 17DAYS 드 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS VIRGINIA AVE HOSPITAL MEMORIAL within within letely npletely NAME DE Middle Last DATE Month DECEASED remove carb n any event, v KIMBERLY JANE HOWSER FEB. (Type or print) DEATH executed 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH 8. 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) 1/28/66 and FEMALE WHITE WIDOWED DIVORCED ysician = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) and in during most of working life, even if retired) INDUSTRY CUMBERLAND. MD. none none certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME 0 remova ed by the attending partransit permit. Then, cremation, or remova JANE E. HUNT DAVID R. HOWSER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) MEMORIAL HOSPITAL. no none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by t the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immediate attending DUE TO cause (a), stating the has be as th underlying cause last. (c) CERTIFICATION for use Health this certificate betached for use te Dept. of Health hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 120e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While After Id be d Not While be (State p.m. at work at work retained 21. I certify that (I) (this hospital) attended the decrased from DIRECTOR: age 3 should iled with the saw the deceased alive on and that death occurred at 22a. SIGNATURE be De STAFF page ATTENDING PHYS. DIRECTOR 4 may HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, p DR. H. ELIASON GREENE 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 2 REMOVAL (Specify) Feb. 14, 1966 Sunset Memorial 24. FUNERAL DIRECTOR

Address CUMBERLAND. INTERVAL BETWEEN ONSET AND DEATH da WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO [ YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (County) (State) 20f. (City or town) that (I) (we) last 50 Profit the causes and on the date stated above. 22b. DATE SIGNED ST. CUMBERLAND. 23d. LOCATION (City, town or county) (State) Cumberland REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE James F. Scarpelli, Cumberland, Md. 6-206450

MARYLAND STATE DEPARTMENT OF HEALTH

ALLEGANY

13

Months

e. IS RESIDENCE

YES

12. CITIZEN OF WHAT

U.S.A

COUNTRY?

ON A FARM?

19 66

Hours

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The law requires that the death certificate be executed within 24 hours after

ATTENDING PHYSICIAN:

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death. Page 4 may

TO HOSPITAL

DIVISION OF STATISTICA	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIA	IORE 1, MARYLAN
01627	CERTIFICATE OF DEATH	015
PLACE OF DEATH	1) 2 USUAL RESIDENCE (Where deceased live	d. If institution, Residence be

	01627	STATISTICAL	KESEAK	CERTIFIC		OF DEATH		, BALIIMOR	(E 1, M	().	157	3
1.	PLACE OF DEATH	Allegany		MARY	rland	2. USUAL RESIDE	nce (where			Residen		a dmission
b. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town)  Cumberland  c. LENGTH OF STAY IN 1b  2 mos., 18 das						nd give	give nearest town)					
		tal or institution (i Lvan Retrea		pital, give street add	ress)	d. STREET ADDRES	ss rd Road					A FARM?
3.	NAME OF DECEASED (Type or print)	Benjami	n	Middle Frank		Huffman	4. DATE OF DEAT	77 7		Day 1	Y • 19	66
5.	Male	6. COLOR OR RACE White	7. MARRIE			March 26,	1881	9. AGE (In years last birthday) 84 yrs.	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS.
		ION (Give kind of work rking life, even if retire MET		ND OF BUSINESS O	RINDUSTR	W.Va.	ounty & State, o	or foreign country)		TIZEN O	A .	COUNTRY
13.	FATHER'S NAME	Jobie Huff	man			14. MOTHER'S MAIDE	idney I	Bennett				4
		ER IN U.S. ARMED FOR fyesgive war or dates of s		SOCIAL SECURITY N		Mrs. Gold:	ie Cro	ne Cum	e #3		dfor	a R
	PART I. DEATH	ata cause	Decr Este	elans.	The	oukoù	cebra		nef	INT	ERVAL BE	TWEEN
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17.  YE  208. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part   or Part   or Part   lo filem 18.)									PERFO	AUTOPSY ORMED? NO	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLACE OF INJURY (Home, farm, factory, streat, office bldg., atc.) (County)  While Not While at work at work at work										. (1)	(State)	
	21. I certify t	hat (I) (this hospit	al) attend	ded the decease	d from	Nov. 13	, 19.65 to	Feb. 1	:, 19	, oo, t	hat (I)	(we

.19.66, and that death occurred at A.M. from the causes and on the date stated above saw the deceased alive on.... DATE

22a. SIGNATU 22c. PHYSICIAN'S NAME (Type) L. B. Mathews, M.D.

ATTENDING PHYS. 22d. ADDRESS

MED.
DIRECTOR STAFF PHYS. Greene St., Cumberland, Md.

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 2/4/66 23c. NAME OF CEMETERY OR CREMATORY

Davis

23d. LOCATION (City, lown or county)

ADDRESS Davis, W. Va.

Davis 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

W. Ca.

(State)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND												
01628 CERTIFICATI						E OF DEATH				111574		
1.	PLACE OF DEATH					2. USUAL RESIDENC		deceased lived, If	INTY	Residence before admission		
	ALLEC	N (if outside corporate	limit.	MARYLA			AND		AL	LEGANY		
	WITTE RUKAL	and give nearest town;		c. LENGTH OF STAY I	VC				VIILE KUKA	L and give nearest town		
_	d. NAME OF HOS	PLAND SPITAL OR INSTITUTION	(if not in he	ospital, give street add	dress)	FROST d. STREET ADORESS	e. IS RESIDENCE					
		IAL HOSPITAI				233 W	ON A FARM?					
3.	NAME OF	Firs		Middle		Last	Day Year					
	(Type or print)	E	AMM	KATHLEE	N	JACKSON	OF DE	ATH FE		5 19 66		
5.	SEX		. MARRIED	NEVER MARRIED		B. OATE OF BIRTH		9. AGE (In year last birthday	Months	R 1 YEAR IF UNDER 24 HRS		
	FEMALE	COLORED	WIDOWED	OIVORCED		AUG.31,19	-	46 yrs.	1			
10a	a. USUAL OCCUPAT Transport of work	IDN (Give kind of work doing life, even if retired)	one 10b. K	ND OF BUSINESS DR		11. BIRTHPLACE (Co	ounty & St	tate, or foreign coun	0	CITIZEN OF WHAT COUNTRY?		
	HOUSEWIF					PENNA	U	U.S.A.				
13.		RLES WORKM	ANI			14. MOTHER'S MAIO						
15		EVER IN U.S. ARMED FOR		SOCIAL SECURITY ND.	1 17.	INFORMANT	HALL	Add	ess			
		(If yes give war or dates of s	· · · · ·	ONE			1 40			EDLAND MO		
	18. CAUSE DE DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonung facilities to massing metastages mostle											
	-170 X	OUE TO		1	+		8 10.					
	Conditions, if any, which gave rise to immediate cause (a) estating the					in in the		nases	_	Orrect.		
	cause (a), st underlying caus	tating the	, me	isht bree	est			1 year				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS PERF YES   YES   19. WAS PERF YES   19. WAS PE								PERFORMED?			
	2Da. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m.  p.m. 19											
~	21. I certify that (1) (this hospital) attended the deceased from Sec , 1965, to 7655, 1966, that (1) (we) last											
		ceased alive on?	ef- 5			death occurred at-	- Ledy	from the cause	s and on	the date stated above		
		saw the deceased alive on 1965, and that death occurred at 1966, and the death occurred at 196										
	22c. PHYSICIA			~7	M.D	PHYS.	DIRECTDI		31			
	NAME (T)		. LEW	15			ENE	ST. CUN	MERI	AND MD.		
238		MATION, 23b. DATE TH	IEREOF	23c. NAME DE CEN	METERY	OR CREMATORY	23d.	LOCATION (City,				
E	REMOVAL (SDE	ecify)	166	FB'G. MEMO	RIAT	PARK	F	ROSTBURG	M	).		
24	24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE											
	J. R. DU	RST, SR., FF	COSTBU	RG. MD.		DAFEB	10	1966	Mark	es Judge		

VR A15 20M 1, 1/65

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MOSKOAL JISSILHEAN QUANKS EMALE - CON OREC - 14 mg - 15 1919 100- BJAMAS

MEMORIAL HOSPITAL, EUMSEREAM, MP.

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THOMAS HE. LEWIS

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTIC	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	1, MARYLAND
11629	CERTIFICATE OF DEATH	0197

1	a. COUNTY	н	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY									
		Allegan	У	MARYLAND	Maryland Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	b. CITY OR TOW	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				If outside corpora	te limits, write	RURAL and	give neare	st town)		
	Cumbe		",	47 years		Cumberlar	d	= 17	01-	1		
I		SPITAL OR INSTITUTIO	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?									
	937 M	aryland Av	937 Maryland Avenue YES NO									
7	NAME OF	NAME OF FIRST OECEASED		Middle	Last	4. DATE				ar		
	(Type or print)	(Type or print) Les		Leo	Jewell	DEATH	2000		24 19 66			
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		E (In years IF st birthday) M	UNDER 1 YE				
	Male	White	WIDOWED		Dec. 14, 1	1901   64	yrs.	onuis Day	s nours	IVIIII.		
	Oa. USUAL OCCUPAT	TION (Give kind of work of lng life, even if retired	done 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?						
	Labor			ilroad	Strausbu	arg, Virg	ginia	USA				
-	13. FATHER'S NAM	E			14. MOTHER'S MAIDEN NAME							
	Toli	ver Jewell			Mary Ell	Len Higgs	3					
	15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT		Address					
	no	(11 yes give war or dates of	70	5-09-9754 Mi	s. Esther	Jewell,	Cumberl	Land, N	Id.Wif	e		
	18. CAUSE OF	OEATH [Enter only one	` ^	11	INTERVAL BETWEEN ONSET AND DEATH							
	11.	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(2) (3)	roncharal	wa (oa		16 mon					
	1621 IMMEDIATE CAUSE (a) DUE TO											
	Conditions, If any, which \ (b)											
	gave rise to immediate ( cause (a), stating the DUE TO											
1.	underlying cause last. (c)											
1	PART II. OTHER	SIGNIFICANTCONDITIO	NS CONTRIBL	JTING TO DEATH BUTNOT REL	ATED TO THE TERMINA	L DISEASE CONDIT	ION GIVEN IN PA	RT 1(a) 1	19. WAS A			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (I EITHER, NOTIFY MEDICAL EXAMINER)											
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)											
100	Hour a.m. While Not While at work at work											
T.	21. I certify that (1) (this hospital) attended the deceased from OCT. 16, 19 64, to Feb. 26 19 66 that (1) (we) last											
	saw the deceased alive on 100 201 19 66, and that death occurred at 2 P M, from the causes and on the date stated above.											
	22a. SIGNATURE,								SIGNED			
1	M.D. ATTENDING MED. STAFF   2-26-66											
1	22c. PHYSICIA NAME (T)	mal	1000	1. W.D	22d. ADDRESS	22 2	a+ a-	1 7	3 3/			
-		DI.M.O		le,M.D.		nallwood						
12	3a. BURIAL, CREN REMOVAL (Sp	MATION, 23b. DATE T	HEREOF	23c. NAME OF CEMETER			ION (City, town		) (S	tate)		
	Buria	1 Feb.27	,1966	Hillcrest Bu	rial Park	Cumber	land, Mc	e lette and	CALATURE			
	24. FUNERAL DIRE James		11i. C	address umberland, Mo		EC'D BY REGISTR	12001	arles	6.1			
P		7 7 7 7 0	,	11(	DAMA	R 1 196	6	ares	Judge	•		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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available and represented throughout the strategic and against the subject of the COLD SOUTH OF LINE Property of the Control of the Contr 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY A. STATE MARYLAND b. COUNTY by the fa ALLEGANY ALLEGANY MARYI AND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b mpletely filled in by t carbon papers. Page ent, within 72 hours a write RURAL and give nearest town)
CUMBERLAND DAYS CUMBERLAND 8. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL RT. #2. BOX NO DATE Year NAME DE First Middle Last 4. Month DECEASED event, (Type or print) GEORGE W-KEFFFR DEATH FEBRAURY 19 66 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH emove last birthday) Months | Days any WHITE 5-25-1888 WIDOWED [ DIVORCED [ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT .= 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR COUNTRY? INDUSTRY during most of working life, even if retired) and PENNSYI VANIA-FARETTE U.S.A RETIRED CARPENTER ICO. d by the attending physical reassit permit. Then plead cremation, or removal, as 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME JOHN KEEFER SUSAN HOOVER 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) MEMORIAL HOSPITAL - CUMBERLAND. 163-12-6741 Yes INTERVAL BETWEEN in signed by the burial-transit p 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) has been se as the bu gave rise to Immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO P YES 20a. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) o d OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached e Dept. o this CAL (State) 120e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) 20d. INJURY OCCURRED TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State Hour a.m. Not While at work MEDI After Id be d While at work DIRECTOR: A age 3 should lied with the S that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from 4:0 Me causes and on the date stated above. and that death occurred at saw the deceased elive on 22a. SIGNATURE 22b. DATE SIGNED page DIRECTOR M.D. FUNERAL 22C PHYSIC AN'S ADDRESS 22d. director, p NAME (Type) ST. CUMBERLAND. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23a. REMOVAL (Specify) 10 Olive Cemetery Connellsville. Penna Buria ] Cumber land 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR 230 Baltimore Ave.

VR A15 (4) 20M 1/65

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DR. II. J. WILLIAMS S. CENTES S. CENTES ST., LUNGER AND

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and completely filled in by the funeral completely filled in by the funeral fine carbon papers. Pages 1 and 2 fine event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicirctor, page 3 should be detached for use as the burial-transit permit. Then pershould be filed with the State Dept. of Health prior to burial, cremation, or removal,

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1 11631		CERTIFICAT	E UF DEATE		07011
1. PLACE OF DEATH			2. USUAL RESIDEN		titution: Residence before admission)
a. COUNTY ALLEGANY		MARYLAND	a. STATE ST	VIRGINIA b. COUN	MINERAL
b. CITY OR TOWN (if outsi write RURAL and give r	de corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	4 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ite RURAL and give nearest town)
CUMBERL AN	nearest town)	3 DAYS	WILEY	FORD	2
		ospital, give street address)	1	TORD	e. IS RESIDENCE
MEMORIALM					ON A FARM? YES NO
3. NAME DF DECEASED	First	Middle	Last	4. DATE Monti	n Day Year
	NORA		8. OATE OF BIRTH	19. AGE (In years)	7 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS
	R OR RACE 7. MARRIED				Months   Days   Hours   Min.
FEMALE   WHI	1 TIBONES	DIVORCED		yrs.	N 10 OLTITEN OF WILLT
10a. USUAL OCCUPATION (Give k during most of working life, ev Housewife	en If retired)	IND OF BUSINESS OR IDUSTRY WN Home	MARYLAN	ounty & State, or foreign country  Cumberland	COUNTRY?
13. FATHER'S NAME		111111111111111111111111111111111111111	1 14. MOTHER'S MAII		•
OLIVER OWE	NS		JENNIE	TROUTMAN	
15. WAS DECEASED EVER IN U.S	S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT	Addres	SS
(Yes, no, or unkown) (If yes give		77	MEMORI		
18. CAUSE OF DEATH (En	iter only one cause per li	ne for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS	CAUSED BY: ATE CAUSE (a)	cute Cerden	cerrent		Miketo
431X	DUE TO				
Cenditions, If any, which	/ 1	est Pulue	2 knee		3 day
gave rise to immediate cause (a), stating the	e (		72	Corener	aster
underlying cause last.	(c) Cle	esto a Cheone	¿ Mywea	idites - Disa	en dyours.
PART II. OTHER SIGNIFICAN		TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
Tohoho &	nobbut.	Internal point	Car Sellos	ula Magano	YES NO NO
PART II. OTHER SIGNIFICATE    Delicate   Contribution   California   C	ERLYING   20b. I	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f Injury In Part I or Part II o	f Item 18.)
OR CONTRIBUTING CAL	JSE OF DEATH CAL EXAMINER)				
		NJURY OCCURRED   20e. PL	ACE OF INJURY (Home, f.	arm, 20f. (City or town)	(County) (State)
Hour a.m.	While	Not While fact	ory, street, office bldg., e	etc.)	
	19   at work		1/27/-	6-21	20/0/0 11 11 11 11 11
	(this hospital) attende			9.59, tp.M.	, 19 <u>00</u> , that (I) twe last
saw the deceased al	ive on Feb	and the	at death occurred at	M, from the causes	and on the date stated above.  1 22b. DATE SIGNED
JAN.	1. 1/2 /	1/10	ATTENDING	MED. STAFF	2/1/1
22c. PHYSICIAN'S	les les	11/20		DIRECTOR   PHYS.	9/8/00
NAME (TypeDR.	G. OVERTOR	HIMMELWRIC	GHT <sup>22d.</sup> 133 V	IRGINIA AVE.	CUMB. MD.
23a. BURIAL, CREMATION, 2	3b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
REMOVAL (Specify) Burial	eb.11,1966	Sunset Memo:	rial Park	Cumberland	M •
24. FUNERAL DIRECTOR		ADDRESS	25a. RE	C'D BY REGISTRAR   25b. R	EGISTRAR'S SIGNATURE
James F.	Scarpelli,	Cumberland, 1	Md. DATE	B 1 4 1966 FC	liarles Judge
			I DATE TO THE PARTY OF		

15 (4) 1/65 VR A15

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	0163	2		CERTI	FICATE	OF DEATH			(1.	1911	
1. PLACE OF DEATH o. COUNTALLegany		MAI	RYLAND	a. STATE	<b>Pan</b> deceased		AITV				
b. CITY OR TOWN (If autside carparate limits, wite RURAL and give pearest tawn) Cumber Land		144				imits, write RU	RAL and give	nearest tawn)	/		
d			at in haspital, g	give street address)		d. STREET ADDRESS Box 753				ON A	FARM?
3. NAME OF First DECEASED Many Vined nd				Middle	Krnaya	Last	4. DATE OF DEATH			Day	regr 66
5. 5	EX	6. COLOR OR RACE white	7. MARRIED 3 WIDOWED			DATE OF BIRTH	9. A	GE (In years pointhday) yrs.	Manths		ER 24 HRS. Min.
								n cauntry)	COU	INTRY?	
13.	FATHER'S NAME	Isaac Par	ker					,		782-JA	
(Yes	s, na, ar unknawn)	R IN U.S. ARMED FORCES?	16.				art_ Ge		***	3ox 753	
	PART I. DEA  1 93  Canditians, if any rise to immediate	TH WAS CAUSED BY:  IMMEDIATE CAUSE  DUE  , which gave e cause (a),	(a) TO (b)		m				200214	ONSET AND	DEATH
CATION	1	Lemoneto	ost h	Muite	2					19. WAS AL PERFOR	ITOPSY RMED? NO 🔼
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICA	Haur a.i	n.	While	Nat While			, 20f. (C	lity ar tawn)	(Cau	ntγ)	(State)
	saw the d	eceased alive on_							and an th	e date stat	
		Weens 11	nigo		M.D	. PHYS.	MED. DIRECTOR	STAFF PHYS.			6
	NAME (Type		ris Bri	ngs			eene S	t., Cur	nberla	nd, Md	
	BURIAL, CREMATIC	ON. 23b. DATE TH		23c. NAME OF CE				ION (City or To		(Caunty)	(State)
	3. 1 ( 5. 5 10a. duriu	d. COUNTY 11e; b. CITY OR TOWN ( WILLIAM OF TOWN ( WILLIAM OF TOWN ( WILLIAM OF TOWN (	b. CITY OR TOWN (If autside carparate limit wide RURAL and give pearest town)  d. NAME OF HOSPITAL OR INSTITUTION (If no Sacred Heart  3. NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE White  10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired)  13. FATHER'S NAME  ISAAC PAR  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of the control of the	b. CITY OR TOWN (if autside carparate limits, with RURAL and Sive pearest town)  d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, and secred Heart  3. NAME OF DECEASED (Type or print)  S. SEX 6. COLOR OR RACE 7. MARRIED 7. M	b. CITY OR TOWN (If autside carparate limits, wite RURAL god give perest town)  d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  Sacred Heart  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  White  WIDOWED  10a. USUAL OCCUPATION (Give kind af wark dane during mast of warking life, even if retired)  13. FATHER'S NAME  ISAAC Parker  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn)  (If yes give war ar dates af service)  18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gave rise ta im mediate cause (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  10a. ACCIDENT WAS UNDERLYING (C)  OR CONTRIBUTING (CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING (C)  10a. I certify that (I) (this haspital) attended the decease saw the deceased alive on 2 19 C/C.  12a. SIGNATURE  22c. PHYSICIAN'S	December 1 Death a. COUNT 1 Degary  b. CITY OR TOWN (If autside carparate limits, with prevention of the stay in 1b security of the stay of t	PLACE OF DEATH   a. COUNT   A COUN	P. PLACE OF DEATH   a. COUNT'Allegany	PLACE OF DATH   0. COUNT   11 egany   1. COUNT   1. C	PLACE OF DEATH   COUNTY   CO	PLACE OF BEATH   0. COUNT   COUNTY   COUNTY

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 moy be retained by the hospitol or attending physician.

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## FOR STATE HEALTH DEPT

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O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to be director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. with the State Department Within 72 hours after death.

permit. File pages I and removal, and in any event used as a burial-transit to burial, cremation, or 3 should be a agent, prior t TO FUNERAL DIRECTOR: Page of Health or its designated

Memorial Hospital 511 Cumberland Street YES [  3. NAME OF DECEASED First Middle Last 4. DATE Month Dey	RESIDENCE N A FARM?
b. CITY OR TOWN (if outside corporete limits, write RURAL and give new	RESIDENCE N A FARM? NO Sc
Cumberland 2 Weeks Cumberland 0/- d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give straet eddress)  Memorial Hospital 511 Cumberland Street YES  3. NAME OF DECEASED First Middle Last 4. DATE Month Dey	RESIDENCE N A FARM? No 50
Cumberland 2 Weeks Cumberland 0/- d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give straet eddress)  Memorial Hospital 511 Cumberland Street YES  3. NAME OF DECEASED First Middle Last 4. DATE Month Dey	N A FARM? NO bc Yeer
Memorial Hospital 511 Cumberland Street YES ST. NAME OF DECEASED First Middle Last 4. DATE Month Dey	N A FARM? NO bc Yeer
Memorial Hospital 511 Cumberland Street YES[ 3. NAME OF DECEASED First Middle Last 4. DATE OF	Yeer Yeer
3. NAME OF First Middle Last 4. DATE Month Dey OF	Yeer
	19 66
5. SEX 16 COLOR OR PACE I WAS ALLOWED THE BOATE OF BIRTH 19 ACE IN YEAR LETINDER I YEAR IN THE PACE IN	
West of the state	ours   Min.
10a. USUAL OCCUPATION (Giva kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (Stete or foraign country)   12. CITIZEN OF W	/HAT
during most of working life, even if retired) INDUSTRY COUNTRY?	
Retired Railroad Conductor Cumberland, Maryland U.S.A.	
John A. Kuhley Lydia Lyon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (Yes, no, or unknown)   (If yes give war or dates of service)	rland S
No 714-03-0046 Mrs. Ethel Domm Cumberland	d, Md_
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), I	L BETWEEN
PART I. DEATH WAS CAUSED BY: CHRONIC MYOCARDITIS	S DEATH
14.2.3.1 Pur 70	
Conditions if any which \ ARTHRIOSCHERUTIC CARDIOVASCULAR DISEASE	200
geve rise to immediata	
ceuse (e), steting the DUE TO underlying causa lest,	
	S AUTOPSY
PER	RFORMED?
YES	NO A
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAR PER YES  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Pert II of Item 18.) PCAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Yaar Hour a.m. P.m. 19 While at work of twork of actory, streat, office bidg., atc.)	
20c. TIME OF INJURY Month, Day, Yaar   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town)   factory, straat, office bldg., atc.)	(State)
Hour a.m. While Not While et work 19 at work et work	
	my opinion
	,
death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner	
ACTUAL (3 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATE SIGNED
ACTUAL SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X February 13, 19	
EXAMINER'S BENEDICT SKITARELIC, M.D. Addrass (Street, city, town, or county Cumberland, Mc	

23c. NAME OF CEMETERY OR CREMATORY

Lake Park Cemetery

Cumberland Maryland 21502

23d. LOCATION (City, town or county)

Youngstown 25a. REC'D BY REGISTRAR | 25b.

(Stata)

REGISTRAR'S SIGNATURE

VR AISME (5) 5M 1/65

BURIAL CREMATION, REMOVAL (Spacify) Burial FUNERAL DIRECTOR

Ruth E. Silcox

23b. DATE THEREOF

2/15/66

0.6310 The second secon HE STATE OF THE ST particular banders interpreted The state of the s SERVICE OF THE STREET, in allowed to be to will a all productions in the granded due book or they also faire 

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF TIMES.

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEDTIEICATE OF DEATH MARYLAND STATE DEPARTMENT OF HEALTH DR. GROVE

1. PLACE OF DEAT a. COUNTY	H		2. USUAL RESIDEN	ICE (Where deceased	lived, If Institution	n: Residence before admission)
		MARYLAND	M. SIAIL M	ARYLAND		LLEGANY
write RURAL	N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (I	If outside corporate	Ilmits, write RUI	RAL and give nearest town)
CUI	MBERLAND	51 DAYS	CUM	BERLAND		01-1
d. NAME OF HO	SPITAL OR INSTITUTION (if not	In hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	MORIAL HOSPIT		311	ARCH ST		YES NO Z
3. NAME OF DECEASED	First	Middle	Last	4. DATE DF	Month	Day Year
(Type or print) 5. SEX	GLADY	7112112	LAM	DEATH	FEBRUA	111
FEMALE	6. COLOR OR RACE 7. MARK		8. DATE OF BIRTH 5-11-1905	9. AGE	birthday) Month	DER 1 YEAR IF UNDER 24 HRS 18 Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work done   10	Db. KIND OF BUSINESS OR		County & State, or for	713.	CITIZEN OF WHAT
	ing life, even If retired)	BD. OF EDUCATI	ON CUMBET	RLAND, MD		COUNTRY?
13. FATHER'S NAM	R- ALLEG.CO.	DOGO, EDGOMIT	14. MOTHER'S MAI			V. V. A. H. A.
CHARLI	ES H. LAM		LELIA (	C. BENNE	TT	
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITYNO.   17.	INFORMANT	O. DEMIL	Address	
no no	(11 yes give war or dates of service)		MEMORIAL H	HOSPITAL	-CUMBER	LAND, MD.
18. CAUSE DF	DEATH [Enter only one cause	per line for (a), (b), and (c).]		4		INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY:	etactate 5	an comia	Torse		ONSET AND DEATH
1991	DUE TO 1	0			0 4	0
Conditions, If		No Banco	m _serve	ight C.	heal	5 mgre
gave rise to cause (a), s		() MAGA	00	1		1
underlying caus	tating the					
PART II. OTHER		RIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITIO	N GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
ICAT						YES NO
PART II. OTHER:  2Da. ACCIDENT OR CONTRIBUT O(IF EITHER, NO	WAS UNDERLYING   20 ING   CAUSE OF DEATH TIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	of Injury In Part I o	r Part II of Item	18.)
		od. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home,	farm, 20f. (City	or town) (	(County) (State)
20c. TIME OF Hour a.s	m. W		ory, street, office bldg.,	etc.)		
21. I certif	y that (I) (this hospital) att	ended the deceased from	Jelles.	1962, to	e a 4, 19	that (1) (we) last
saw the de	ceased alive on Sul	2. 3 1966, and the	t death occurred at	5:45 from at	deauses and o	n the date stated above.
22a. SIGNATU	RE	( ).	ATTENDING	MED		DATE SIGNED
6	A LUCIONA	2 7176 M.		MED. S DIRECTOR P	TAFF HYS.	
22c. PHYSICIA NAME (T	AN'S DR. DONALD	B. GROVE	122 S. (	CENTRE S	T., CUMBI	ERLAND, MD.
23a. BURIAL, CREM	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATI	ON (City, town or	county) (State)
REMOVAL (Sp Burial	Feb.6,1966	E. U. B. Cei	meterv	Shena	ndoah. V	Ti main i
24. FUNERAL DIR	ECTOR	ADDRESS	25a. RI	EC'D BY REGISTRAF	25b. REGISTR	AR'S SIGNATURE
Jame	s F. Scarpelli	, Cumberland, M	d. DATE	R 8 1000	s arlin	10 0 100
			, orthog	<u> </u>	1	The state of the s

VR A15 (4) 20M 1/65

1861 SVORD . RD SHALIFIER SYAD IS EUR 500 3 04 10 0 TIBRIE HORA III MEMORIAL MOSISITAL THENE LLCA PEGRUARY IN SEC 2 9446 STANSA SAMSA TEACHER ALLEG. CG. PO. OF EDUCATION CUMBERLAND, NO. 11.5.6. CHARLES H. L. H. Transfer of Artists MEMORIAL HOSPITAL CUMPERSCANE, MD. DR. BOMALD B. GROVE 122 S. CENTER IT. CUMPEL AND, MC. 

Management and the second of the con-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending onysion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their prease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

4	DIVISIO	N OF STATISTIC		YLAND STATE DI				LTIMORE 1,	MARYLAND	
	01635			CERTIFICAT	TE OF D	DEATH			01582	
1.	PLACE DF DEATH							ved, if institution:	Residence before admission	1)
		LEGANY		MARYLAND		TARYLA		AL	LEGANY	
	write RURAL	N (if outside corporat	e limits, n)	5 DAYS	c. CITY OR				AL and give nearest town	1)
_		RLAND	N (if not In t	5 DAYS	d. STREET		BERLANI	)	l e. IS RESIDENC	E
	MEMOR				31		ST.		ON A FARM?	1
3.	NAME OF	Fi	rst	Middle	Last		DATE	Month	Day Year	-
	(Type or print)	LEL	IA	C.	LA	M	OF DEATH	FEBRUAL	20	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. OATE OF		I don't I	In years   IFUNDE pirthday)   Months	R 1 YEAR IF UNDER 24 HR	
	EMALE	WHIEE ION (Give kind of work	WIDOWED			13-188	0 0	yrs.	CITIZEN OF WHAT	_
lur	ing most of work	ng life, even if retire	d) Ov	(IND OF BUSINESS OR INDUSTRY VN HOME			y & State, or fore		COUNTRY?	
	FATHER'S NAM					VIRGIN ER'S MAIDEN	IA	andoan	U. S. A.	_
	GEO	RGE BENNE	TT		1	MARY	RINICA			
		EVER IN U.S. ARMED FO (If yes give war or dates o		SOCIAL SECURITYNO. 17	. INFORMANT			Address		
	no				MEMOR	IAL HO	SPITAL	CUMBE	RLAND, MD.	_
		DEATH [Enter only on ATH WAS CAUSED BY		line for (a), (b), and (c).]	1.41	_	0 11		ONSET AND DEATH	
	1100	IMMEDIATE CAUSE	(a) /	nemmers I	4	emers	V Vps	7	Hdays	
	Cenditions, If	DUE any, which \	(b) Mr.	n Mulean	ant o	Cielas	Tall.	en	3 uxs	
	gave rise to cause (a), st	Immediate (			1-					
	underlying caus		(c) 7/	mjocas	dele	4			Syn	_
CALIDE	PART II. OTHER S	IGNIFICANTCONDITIO	ONS CONTRIB	UTING TO DEATH BUTNOTRE	LATED TO THE T	ERMINAL DISE	ASECONDITION	GIVEN IN PART 1(	19. WAS AUTOPSY PERFORMED? YES NO	
CERII	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING AND CAUSE OF DEATHY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY OC	CURRED. (Enter	r nature of Inj	ury in Part I or	Part II of Item 1	(8.)	
EDICAL	Hour a.n		Year 20d. While	Not While fac	LACE OF INJUR	Y (Home, farm, ice bldg., etc.)	20f. (City o	r town) (C	ounty) (State)	_
Σ	p.n 21 L certif			ded the deceased from	Deero	196	5 tooks	6.21 19	66. that (I) (we) las	st
1		ceased alive on		//	at death occi			causes and on	the date stated above	
7	22a. SIGNATUR	1	Free	12%	ATTENDI	NG - MED	o. ST	AFF 22b.	DATE SIGNED	
-	22c. PHYSICIA		NEW	N	I.D. PHYS.	DDRESS MEE		YS.	21/40	_
	NAME (T)	me)	LAY D	URRETT	220. 7.		IRGINI	A AVE.		
23a	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETE	RY OR CREMAT			N (City, town or o		=
	Burial	Feb.24	,1966	E.U.B. Ceme	tery			ah, Virg		
24	James I		li. Cu	ADDRESS imberland.Md.		25a. REC'D	BY REGISTRAR	25b. REGISTRA	B'S SIGNATURE	
		I	,	,		DATE	उउ । अठेठ	1	0	

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- MEMORIAL HOSPITAL. CUMBERLAND. NO.

216 VINCINIA AVE.

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DR. CLAY DUPRETT

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peach.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)				
ALLEGANY MARYLAND	e. STATE MARYLAND b. COUNTY ALL FGANY				
b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b	MARYLAND ALLEGANY  c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)				
write RURAL and give nearest town)	CUMBERLAND 0/-/				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE				
MEMORIAL HOSPITAL	122 W OLDTOWN DD ON A FARM?				
	TES NU				
3. NAME OF First Middle	Last 4. DATE Month Day Year				
(Type or print) CARL E. L	ANDIS DEATH FEB. 28 19 66				
7. MARKIED HEVER MARKIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.    Months   Days   Hours   Min.				
MALE WHITE WIDOWED DIVORCED	AUGUST 28, 1906 59 yrs.   Mollidis   Days   Hours   Willis				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plachinist Railroad	MARYLAND-CUMBERLAND 12. CITIZEN OF WHAT				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
RUBEN LANDIS	CLARA LOGUE				
	INFORMANT Address				
(Yes, no, or unkown) (If yes give war or dates of service)	MEMORIAL HOSPITAL				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN				
PART I DEATH WAS CAUSED BY:	ONSET AND DEATH				
IMMEDIATE CAUSE (a) Cerence	January 3 Days				
DUE TO	0				
Conditions, if any, which gave rise to immediate (b)					
cause (a), stating the DUE TO					
underlying cause last. (c)	THE PROPERTY OF THE PROPERTY O				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
71CA	YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRI	IRRED. (Enter nature of injury in Pert I or Part II of Item 18.)				
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
While Mot while	ry, street, office bldg., etc.)				
	UN 65 19 10 to 1 Feb 19 66 that (1) Two last				
21. I certify that (I) (this hospital) attended the deceased from  saw the deceased alive on Feb 20 1966, and that	t death occurred at M, from the causes and on the date stated above.				
saw the deceased alive on 1900, and that	death occurred at				
11111 111111111111111111111111111111111	ATTENDING MED. STAFF 2 /3 //				
22c, PHYSICIAN'S M.E	PHYS. DIRECTOR PHYS. DIA DIRECTOR PHYS.				
NAME (Type) DR. G. OVERTON HIMMELWRI	GHT 133 VIRGINIA AVE. CUMBERLAND. ME				
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER)					
REMOVAL (Specify)	Cumberland Wa				
Burial March 3, 1966 Davis Memo	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE				
James F. Scarpelli, Cumberland, Md.	MID 1 1000 Polisado Julas				
	DATEAR 4 19601				

VR AIS (4)

COMPENTAND 3 COAS COMESSIONED

MEMORIAL HOSTITAL HOSTITAL PR.

BE SERVICE ENGINEER OF SERVICE SERVICE

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THE SERVICENCE OF THE PROPERTY OF THE PROPERTY

JA 19 JA 190MBM

3:10 P.M. Feb 66

DO. T. OVERTON .. I MMELWRIGHT 133 VIDELTING AVE. MODING

2, 1966 Davi-

Jearpel14

O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execut. A certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 3 found director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Toron PM3. Page 5 may be retained for your files. retained for your nies.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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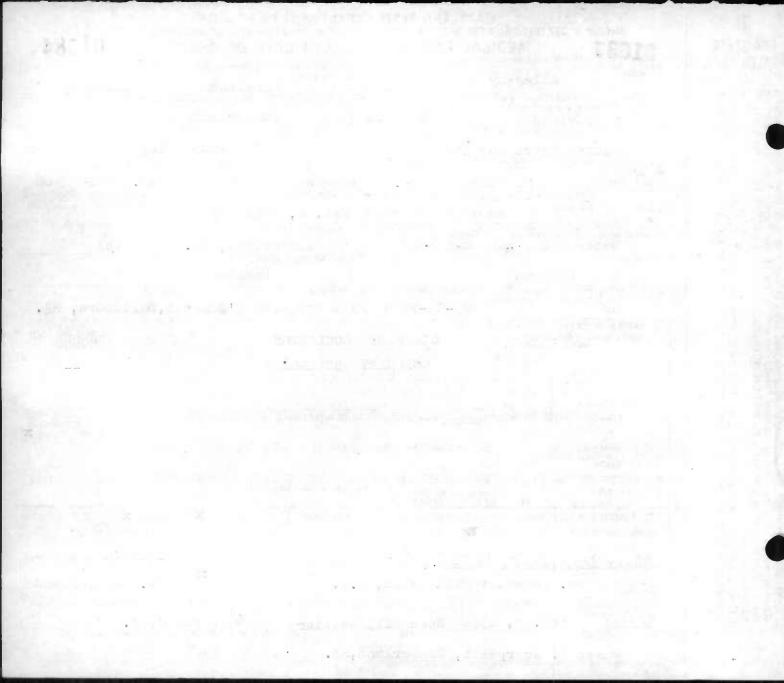
MARYLAND STATE DEPARTMENT OF THEALTH.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

() 1584 01637

					0-003
1. PLACE OF DEATH a. COUNTY Allegany		a. STATE	t	. COUNTY	esidence before admission)
b. CITY OR TOWN (If outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b		ryland outside corporate lim		Legany and give nearest town)
write RURAL and give nearest town)  Cumberland	75 years	,	mberland	,	A / /
d. NAME OF HOSPITAL OR INSTITUTION (If not		d. STREET ADDRESS			a, IS RESIDENCE
Sacred Heart Hos		21	7 Dexter B	Place	ON A FARM? YES NO NO
3. NAME DF First DECEASED	Middle	Last	4. DATE	Month	Day Yeer
(Typa or print) Willia		angley	DEATH	Feb.	2 1966
5. SEX   6. COLOR OR RACE   7. MARR White   WIDOV	VED NEVER MARRIED DIVORCED	Feb. 8, 18	9. AGE (In lest birt	years IFUNDER:	1 YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Carman	b. KINO OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (St	eta or foreign countr Land, Md.	ry) 12. CI CO	TIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIO			
Unknown		U:	nknown		
15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)		INFORMANT ss Margare	t O'Donnel	Address 1,Baltin	nore, Md.
18. CAUSE OF DEATH (Enter only one cause p PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (e)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	occlusion			INTERVAL BETWEEN ONSET AND DEATH HOURS
Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause last.	CORONARY	SCLEROSIS			Child Copy
PART II. OTHER SIGNIFICANT CONDITIONS CONTI					19. WAS AUTOPSY PERFORMED?
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCU	RREO. (Enter nuture of	injury in Part I or Pa	irt II of Item 18.)	
Hour e.m.	d. INJURY OCCURRED   20e. PLAN	CE OF INJURY (Home, fai ry, street, office bidg., et	c.) 20f. (City or to	own) (Cou	nty) (State)
21. I certify that I took charge of the death resulted from: Natural causes  ACTUAL SIGNATURE SIGNATURE SIGNATURE Dr. Benedict	Accident , Sui	CHIEF MEDICAL  M.O. ASSISTANT MEDICAL			and in my opinion  22. DATE SIGNED  amberland
I NAME (Type)		Address (Street,	city, town, or count	(y)	
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Feb. 5, 19	66 Rose Hill C		Cumberla		nty) (State)
24. FUNERAL DIRECTOR  James F. Scarpel	AOORESS	25a. REC	O BY REGISTRAR 2	5b. REGISTRAR'S	S SIGNATURE
vames r. Scarper	TT, Cumper Tand,	TIQ .   UATELL D	0000	4-010	yuage.

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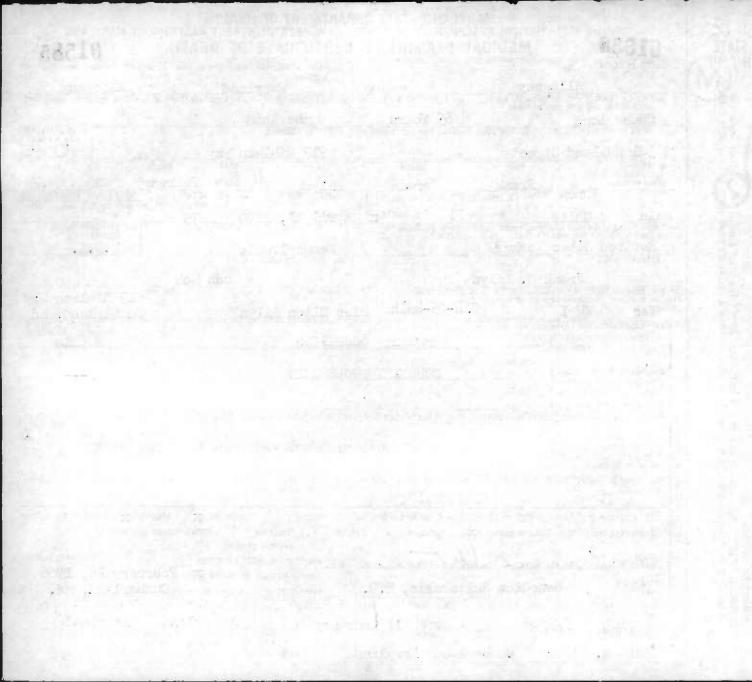
## FOR STATE HEALTH DEPT.

State Department hours after death. O DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 (in the of Health or its designated agent, prior to burial, cremation, or removal, and in any event writin 2 TO DEPUTY MED

VR ALSME (5) 7

	MARYLAND STATE DEPARTMENT OF HEALTH	
Division of ST	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
01638	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	015.85

-								
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	CE (Where dece			ence before a	idmission)
1	Allegany	MARYLAND	a. STATE	yland	b. COUN		egany	
	b. CITY OR TOWN (If outsida corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	outsida corp	orete limits, wri			st town)
	Cumberland	65 Years	Cumberla	and			11-1	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street eddress)	d. STREET AODRESS	74200			a. IS RE	SIDENCE
	301 Holland Street		913 Zihl	man Way	7		YES _	FARM?
3.	NAME OF First DECEASED	Middle	Lest	4. DATE	Month		Day Ye	ar
	(Type or print) Frank	Herman	Lilva	DEATH	Februa	ry 2	28 19	66
5.	SEX 6. COLOR OR RACE 7. MARRIEO		8. DATE OF BIRTH	9.	AGE (In years )	IF UNDER 1 Y		
	Male White WIOOWED	DIVORCED F	April 11. 1	890	lest birthday)	Months De	ys Hours	Min.
	B. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)		11. BIRTHPLACE (S	tate or foreig		12. CITIZ	EN OF WHA	T
dui	Retired Glass Worker	DUSTRY	Downsul			COUN		
13	. FATHER'S NAME		Pennsylva	DEN NAME		Uer	5.A.	
	Frank H. Lilva				Eck			
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT	Deus		Son o		
(Y	es, no, or unkown) (If yes give war or dates of service)	1 00 1071				913 Zi	hlman	Way
			ss Ellen Li	Lya		Cumber	land,	Md
	18. CAUSE OF DEATH [Enter only one ceuse per li PART I. DEATH WAS CAUSED BY:					9	NTERVAL BE ONSET AND SUDDEN	
	IMMEDIATE CAUSE (a) CORONARY OCCLUSION							
	420 / OUE TO							
	Conditions, if eny, which gave rise to immediate (b) CORONARY SCLEROSIS							
	cause (e), stating the OUE TO							
	underlying cause last. (c)							
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL	DISEASECOND	ITION GIVEN IN I	PART 1(a)	19. WAS A	UTOPSY PMED?
CAT							YES	NO X
MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	f injury in Par	t I or Part II of	Item 18.)		
C		ILLINY COOLINGED 1000 DI 4	OF OF INITIDY (Same 4	nam   206 (6	(Ity or town)	(County	A	(Stata)
Sica	2Dc. TIME OF INJURY Month, Day, Year 20d. IN Hour e.m. While	Not While - facto	CE OF INJURY (Home, fary, street, office bldg., e	etc.)	ity or town)	(County	,	(Stata)
MEI	p.m. 19 at work	at work						
	21. I certify that I took charge of the remains	ains described above, he	ld an Autopsy [],	Inspection	x, Inqui	ry x,	and In my	ppinion
	death resulted from: Natural causes X	, Accident , Sui	icide, Homici	de 🔲, 🎚	<b>Indetermined</b>	manner		
	1	1	CHIEF MEDICA	L EXAMINER				
	SIGNATURE Denedict It	· Marchel	M.O. ASSISTANT ME				22. DATE	
	Construction of the Constr		DEPUTY MEDIC	AL EXAMINER	Febr	ruary 2	8, 190	66
	EXAMINER'S Benedict Ski	tarelic, M.D.	Address (Stree	t, city, town,	or county) Cun	berlan	d, Md.	
232	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	Y OR CREMATORY	23d. LOC	ATION (City, to	wn or county	r) (S	stata)
	Burial 3/3/66	Rosehill Cem	eterv	Cumb	erland	Mary	land	
24	. FUNERAL DIRECTOR	ADDRESS	25a. RE	C'D BY REGIS	TRAR   25b. RE			2.
	Ruth E. Silcox Cumber	land Maryland	DAMA	13 19	366 20	larles	Judge	6.
		y	1 01112				5	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, emove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cramation, or removal, and then went, within 72 hours after depth.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLANI
	OFFICIALE OF PEATIT	4 6

THE COLD	OLIVITIOATI	L OI DEATH		11100
1. PLACE OF DEATH				tution: Residence before admission)
a. COUNTY	ASA DVI A NO	a. STATE	b. COUNT	
b. CITY OR TOWN (if outside corporate limits.	MARYLAND LENGTH DF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write	ALLEGANY RURAL and give nearest town)
write RURAL and give nearest town)		, , , , , , , , , , , , , , , , , , , ,		
CUMBERLAND	6 Hours	CUMBERL	AND	0
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	Ital, give street address)	d. STREET ADORESS		e. IS RESIDENCE DN A FARM?
SACRED HEART HOSPITAL		111 INDE	EPENDENCE STREE	YES NO
3. NAME OF First	Middle	Last	4. DATE Month	Oay Year
OECEASEO (Type or print) WALTER	NMT TO	WH:	OF OEATH FEB	23 19 66
5. SEX   6. COLOR DR RACE   7. MARRIED		B. OATE OF BIRTH	9 AGE (In years   IF	LINDER 1 YEAR HE UNDER 24 HRS
WIGOWED !	OIVORCED	1. 06 07	last birthday) M	ionths Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 1Db. KINI		11. BIRTHPLACE (COU	nty & State, or foreign country)	1 12. CITIZEN OF WHAT
during most of working life, even if retired) INDI	JSTRY			COUNTRY?
Baggage Porter   B &	0 Station	Allegany Co	. Maryland	USA
13. PAINER'S NAME		14. MOTHER'S MAIDE	N NAME	
George Lowe 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SO		Georg	ia Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown)   (If yes give war or dates of service)		INFORMANT	Address	al c 1 "
	-10-4797 Be	ssie Wheeler	Independe	ence St Cumberlar
18. CAUSE OF DEATH [Enter only one cause per line			0 0	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	no a a a a	st. 1	0 . 01	DNSET AND DEATH
H 20   IMMEDIATE CAUSE (a)	MYVV JU	ung f	serve,	1 my
OUE TO	NI	1 0 4	0 4	2
conditions, if any, which gave rise to immediate (b)	my	1 ander	-tuns	Juny
cause (a), stating the OUE TD	0			
underlying cause last. (c)		FINE STEEL		
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL OI	SEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTDPSY PERFORMEO?
ICA				YES NO
ZDa. ACCIDENT WAS UNDERLYING ☐ 20b. DES	CRIBE HOW INJURY OCCU	RREO. (Enter nature of I	injury in Part I or Part II of	Item 18.)
PARTII. DTHER SIGNIFICANT CONDITIONS CONTRIBUTION  2Da. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	- Santas	E DF INJURY (Home, farmy, street, office bldg., etc.		(County) (State)
Hour a.m. While at work	Not While at work	J, ad cet, onles blug., etc	10	. 7
21. I certify that (I) (this hospital) attended		19	60 to thete- 4	196 L that (I) (we) last
saw the deceased alive on	1966, and that			nd on the date stated above.
22a. SIGNATURE	TIBRETOL, AND COM	death occurred at		22b. DATE SIGNED
Thank of	1	ATTENDING M	EO. STAFF	9-74/1
22c. PHYSICIAN'S	M.O.	. PHYS. OI	RECTOR PHYS.	6p
NAME (TYPE)R. B. SCHINDLER		13 GREEN	E ST CUMBERLANI	MARYLAND.
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (CIty, tow	
Burial Feb. 26, 1966	Woodlawn Cem		Cumberland,	Maryland
24. FUNERAL OIRECTOR	AOORESS	25a. REC'	D BY REGISTRAR   25b. REG	ISTRAR'S SIGNATURE
John J. Hafer 230 Balt	o Ave., Cumbe	rland of B	28 1936 Recli	arley Judge
0 0	,	Md	1000	0 0

VR AIS (4) 2DM 1/65

alson the second and the second at t isging of the color of the colo BuoT e tosa 220-13-4797 February 12A Incorporation of the Section 24 Co. 12A AND AND DESCRIPTION OF THE PARTY OF THE PART Turks Tab. 26, 1-66 Woodlaw Contery Contery of Santary and bunliaded, owl offer VS was a

Seath.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR. BRODELL
CERTIFICATE OF DEATH

1.	PLACE OF DEATH	LLEGANY		MARYLANI	a. STATEMAR	NCE (Where deceased lived, If institution: RYLAND b. COUNTY AL	Residence before admission) LEGANY			
	write RURAL	N (if outside corporand give nearest) UMBERLAN	town)	c. LENGTH OF STAY IN :	c. CITY OR TOWN (	CUMBERLAND 0/-/				
	М	EMORIAL		ospital, give street addre	d. STREET ADDRES	POTOMAC STREET	e. IS RESIDENCE ON A FARM? YES NO			
3.	NAME OF DECEASED (Type or print)		SHELLI	Middle LYNN	MALONE	4. DATE Month DF DEATH FEBRUARY	Day Year 19 66			
5.	SEX	6. COLOR OR RAC	E 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   IFUNDE   Months	R 1 YEAR IF UNDER 24 HRS.			
F	FEMALE	WHITE	WIDOWED	DIVORCED	7-29-196	yrs. 0				
		ION (Give kind of we ing life, even if ret none		IND OF BUSINESS OR NDUSTRY none			COUNTRY?			
13.	FATHER'S NAM	ΪĒ			14. MOTHER'S MA	BERLAND, MD.	U.S.A.			
15		LD W. MA		SOCIAL SECURITY NO.   1	DONA J	EAN PAYNE				
(Ye	s, no, or unkown)	(If yes give war or dat	es of service)	none		Malone, Cumberlan	d, Md.			
		DEATH [Enter only EATH WAS CAUSED IMMEDIATE CAU	BY:	ine for (a), (b), and (c).]	They Fa	elure)	ONSET AND DEATH			
	Conditions, If any, which) DUE TO A crete fulminating interstitution preuman					a 18 hrs.				
	gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  Union  CC  Union  CC  DUE TO						18 hrs			
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBU	UTING TO DEATH BUT NOT R	ELATED TO THE TERMINA	DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?			
	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING ☐ CAUSE OF D TIFY MEDICAL EXA	EATH MINER)	DESCRIBE HOW INJURY O	CCURRED. (Enter nature	of Injury in Part I or Part II of Item 1	8.)			
MEDICAL	20c. TIME OF Hour a.i		y, Year   20d. I While at work	Not While	PLACE OF INJURY (Home, actory, street, office bldg.,		ounty) (State)			
-				ed the deceased from.	2/1	TE-EO DIV	66, that (I) (we) last			
	saw the de	ceased alive on_	2/1	19 66, and	hat death occurred at	22b.	the date stated above.  DATE SIGNED			
	22c. MANE (T	.ma) //	auson	3	M.D. PHYS. 22d. ADDRESS	JINESTON TIMES	12/66			
		DK. K		D. BRODELL		REENE ST., CUMBER				
23a	BURIAL, CREM REMOVAL (Sp Burial		4,1966	Hillcrest		23d. LOCATION (City, town or concumberland .Md.	ounty) (State)			
24	. FUNERAL DIRE	CTOR	li, Cum	berland, Md.		B 7 1966 Floor	R'S SIGNATURE			
11===	5	- 150	5944							

VR AI5 (4) 20M 1/65

1177098 96 YHADSULA MUMPRIJA - THE HEADYRAM CUMBERLAND YAO I GIRLAND MEMORIAL NOSPITAL T33912 DOTONIC STREET 201105.7 HAROLE W. HALORS · Branch and a contract many and the the state of the manufacture has deeply to the state of SB. ROBERT D. BRODELL SGO GREENE ST., CUMBERLAND, MB. . The state of the All draw in adversa of the least of the

Tage 4 lind be recalled by the inspired of accounts project the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please (enove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND-STATE DEPARTMENT OF HEALTH
WISTON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DR. W.F. WILLIAMS CERTIFICATE OF DEATH PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

	F	ALLEGANY	MARYLAND	MARYLAND	Al 1	EGANY		
	b. CITY OR TOW	/N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpor				
	CL	JMBERLAND	I DAY	LONACONIN	G	01-1		
	d. NAME OF HO	SPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE		
5	M	MEMORIAL HOSPI	TAL	60 MAIN S	TREET	YES NO		
3	. NAME DF DECEASED	First	Middle	Last 4. DATE	Month	Day Year		
	(Type or print)	CECEL		RQUIS DEATH	FEBRUARY	2 19 66		
5	FEMALE	6. COLOR OR RAGE 7. MARRIE WIDOWE		6-13-1879 9. A	GE (In years   IF UNDER   Months   Wrs.	Days Hours Min.		
10	Da. USUAL OCCUPAT	FION (Give kind of work done 10b.	KIND OF BUSINESS OR	11. BIRTHPLAGE (Gounty & State, or	foreign country)   12. GI	ITIZEN OF WHAT		
l u		ness Woman Pa	aper Store	Lonaconing	MD. U	SA SA		
1	3. FATHER'S NAV	IE .		14. MOTHER'S MAIDEN NAME				
	JAME	S MARQUIS		CECELIA PREN	TICE			
1	5. WAS DEGEASED	EVER IN U.S. ARMED FORGES? 10		INFORMANT	Address			
,	No.	(If yes give war of dates of service)	M	EMORIAL HOSPITAL	CUMBERL	MND, MD.		
		DEATH [Enter only one cause per	line for (a), (b), and (c).]	)		INTERVAL BETWEEN		
	PART I. DI	EATH WAS GAUSED BY:	ruchol	Kennoun		ONSET AND DEATH		
	491	DUE TO				10 deu		
	Genditions, If	any, which ) (b)				-		
	gave rise to cause (a), s	Immediate (						
	underlying caus							
No	PART II. OTHER	SIGNIFIGANT GONDITIONS GONTRII	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDIT	ION GIVER WY PART 1(a)	19. WAS AUTOPSY PERFORMED?		
CA	Las advances arterio selevatio C.U. Dia, VES NO DE							
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING   20b. ING   CAUSE OF DEATH TIFY MEDIGAL EXAMINER)	DESGRIBE HOW INJURY OGCU	RRED. (Enter nature of injury in Part	or Part II of Item 18.	.)		
IA2	20c. TIME OF	INJURY Month, Day, Year   20d.			ty or town) (Gou	inty) (State)		
MEDICAL	Hour a.i	001111	ie Not while i	ry, street, office bldg., etc.)				
2		y that (I) (this hospital) atten		2-1- 10/6:0	7 - 2 - 100	6, that (I) (we) last		
		ceaped alive on			Me-causes and on the	he date stated above		
	22a. SIGNATO		13 La Le, and that	death oggoried at, non		ATE SIGNED		
/	/	1m. J. My	Winner M.D	ATTENDING MED. DIRECTOR	STAFF PHYS.   Z	-2-66.		
	22c. PHYSICIA		m.o	22d. ADDRESS	11110	701		
	NAME (T	W.F. Willia	ams	Cumberland,	MD.			
23	BURIAL, CREM		23c. NAME OF GEMETERY	OR CREMATORY 23d. LOGA	TION (Gity, town or cou	unty) (State)		
	Burial Spi	2/4/1966	Oak Hill C	emetery Lon	aconing, M	D.		
2	4. FUNERAL DIRE	ECTOR	ADDRESS	25a. REG'D BY REGISTE	- 001 0	'S SIGNATURE		
	GEOR	GE EICHHORN	LONACONING.	MD. DEEB 8 195	6 Jolianle	1 Judge		

VR AI5 (4) 20M 1/65

Nacity and Brement Statement Stateme ALEGANY ALEGANY BRITING ADAL YAR I - CHARACTER MENDRIAL MOREITAL LANDERS OF THE PROPERTY OF All . . . Balacomnol cross touch asentano DECEMBA PRESSTUCE DAMES HACOULT JEHOTELAL HOSELTOL SCHWEFTERMO, MO. T. F. MENTERS TO THE STREET STREET energy 2/1/1066 Date 1512 Germanty Longtonians, 10. CHORRES ELOCATOR DOMASCULTAR, vin.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1118	46		CERTIFICATI	E OF DEATH			015	8:1	-3
1. PLACE C	F DEATH			2. USUAL RESIDENCE	E (Where deceased		on: Residence	before ad	mission)
a. GOON	Allegany		MARYLAND	a. STATE	ryland	b. COUNTY	Alleg	any	
b. CITY	OR TOWN (if outside of RURAL and give near	corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporat	e limits, write R			t town)
Write	Cumberla			Cu	mberland		0	1-1	
d. NAM			hospital, give street address)	d. STREET ADDRESS	m oci Lano		6	. IS RES	
	14 Four	th Street		14	Fourth	Street	1	ON A F	NO 2
3. NAME O		First	Middle	Last	4. OATE	Month	Day	Yea	
OECEAS (Type or	r print)	Mary	A. Ma	attingly	OEATH	Feb.	3	196	56
5. SEX	6. COLOR OR	RACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGI	(In years IF Un birthday) Mon	NOER 1 YEAR		R 24 HRS
Femal	e White	WIDOWE	DIVORCED	June 25, 1	900   65	yrs.		Hours	
10a. USUAL	OCCUPATION (Give kind	of work done   10b.	KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C		reign country)   1	2. CITIZEN COUNTRY	OF WHAT	
	Housewife	O	wn Home	Magnolia	. W. Va.	V	USA	100	
13. FATHE				14. MOTHER'S MAIL					
	Charles G	urtler		E	mma Twig	·g·			
	CEASEO EVER IN U.S. AF	RMED FORCES?   16	S. SOCIAL SECURITY NO.   17.	INFORMANT		Address			- 1
	unkown) (If yes give war	or dates of service)	Mn	John J. M	ettingly	Cumbe	rland,	Ma.	
	NO	only one cause per	line for (a), (b), and (c).]	oun o. n	a corner	, Jambe.		RVAL BE	TWEEN
	ART I. DEATH WAS CAU		nine for (a), (b), and (c).	1			ONS	ET AND I	DEATH
10	IMMEDIATE	CAUSE (a)	Wishle C	allinon-	-			23y	10.
/ 2	5/0	DUE TO	i	RD 11		1 .	5. 111	U	
	ons, If any, which have to immediate	(b) C	re Counting m	pudu	and D	purking			
cause	(a), stating the	DUE TO	0.0						
	/ing cause last.	(c)	Drei Che	Jean.	NOTACE CONDITION	NOWEN IN DAD	T1(a)   119.	WAS AL	ITODEV
PARTII	. OTHER SIGNIFICANT C	ONOITIONS CONTRI	BUTING TO DEATH BUT NOT RELI	A PEDITO THE TERMINAL	DISEASE CONDITIO	IN GIVEN IN PAR		PERFOR	MED?
FICA				~			YE	S	NO [
PARTII 20a. ACO OR CON (IF EIT	CIDENT WAS UNDERLY TRIBUTING CAUSE HER, NOTIFY MEDICAL	YING 20b. OF OEATH EXAMINER	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	f Injury in Part I	or Part II of Ite	m 18.)		
	IME OF INJURY Mont		INJURY OCCURRED 120e. PLA	ICE OF INJURY (Home, f	arm. 20f. (City	or town)	(County)	(5	State)
	Hour a.m.	While	facto	ory, street, office bldg., 6			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	p.m.	19 at wo	rk at work	0	/ 4:=	30	( )	- 40. 4	
21.	I certify that (I) (th	is hospital) atten	ded the deceased from		9 65, to V				
saw	the deceased alive	on dan 1	9 19 65, and tha	t death occurred at_	M, from t		on the dat		above
22a. S	S/GNATURE	B		ATTENDING -	MED.		'eb.4.		
000	auton	fares	kell M.I		DIRECTOR	PHYS.	CU.T,.	1 700	
22c. I	PHYSICIAN'S NAME (Type) Dr.	Carlton E	rinsfield, M.D		atur Str	eet,Cumb	erlan	d,Ma	•
23a. BURI/	AL, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCAT	ION (City, town	or county)	(S	tate)
REMO	OVAL (Specify)	b.7,1966	Forest Glenn	Cometery	Green	spring,W	V. V.		
24. FUNE	RAL OIRECTOR		ADDRESS	25a. RE	C'D BY REGISTRA		TRAR'S SIGN	ATURE	1-1-
10.	James F. S	Scarpelli	, Cumberland, M	d. DATE B	8 1956	Elia	rles Ju	dge	
				The state of	Y LL	1 //	7	- (1	

Elegand the complete and the complete an ··· Land of the state of the state

Control of the second s

A TRANSPORT

m

Allegany

Day

12. CITIZEN OF WHAT

U. S. A.

COUNTRY?

a. IS RESIDENCE ON A FARM?

Year

19 66

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

and in my opinion

22. DATE SIGNED

Va.

(State)

NO K

(State)

**YEARS** 

YEARS

YES T

(County)

YES

NO X

of Health or please ex director. retained BENEDICT SKITARELIC. M.D. Address (Street, city, town, or county)CUMBERLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2/8/66 Fort Ashbu Cemeteru Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR H. Wayne Georbe Cumberland, Maryland 1/65

VR ALSME (5)

4 11 11 Total Indiana in the second second The second of th STERELINE TO THE STREET 

indical, busines of april men. B

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is researly, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

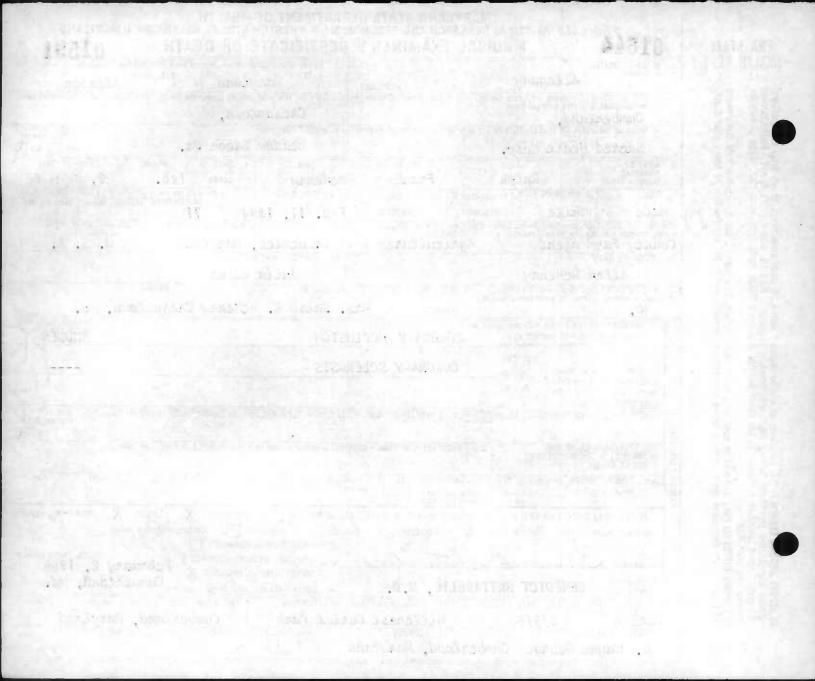
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. No.

> VR ALSME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

	MAKT	THUR SINIE DE	CPARIMENI UF	TEALIT	
Division of ST	ATISTICAL RESEA	RCH AND RECORD	S. 301 W. PRESTON	STREET, BALTIMORE	1. MARYLAND
01644			CERTIFICATE		01506

. 1	02032							
	1. PLACE OF DEATH  S. COUNTY  Allegany  MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If institution: Rea. STATE Maryland b. COUNTY Al	esidence before admission) Legany					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL						
	Cumberland,	Cresaptown,	01-1					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addres		e. IS RESIDENCE ON A FARM?					
2	Sacred Heart Hosp.	Meadow Brook Dr.	YES NO 🛛					
	3. NAME OF First Middle DECEASED (Type or print) Ralph Frank	McHenry OF Feb.	Day Year 2, 19 66					
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIEO	8. DATE OF BIRTH 9. AGE (In years IF UNCER last birthday) Months						
1	Male White WIOOWEO OIVORCEO	Feb. 11, 1894 71 yrs.	Oays Hours Min.					
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (State or foraign country)   12. Cl	TIZEN OF WHAT					
	County Farm Agent Agriculture		. S. A.					
	13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME						
	Allen McHenry	Julia Baker						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17	7. INFORMANT Address						
	(Yes, no, or unknown) (If yes give war or dates of service)  None  W	is. Daisy R. McHenry Cresaptown.	Md					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	is. vacsy k. merervey eresupcount,	INTERVAL BETWEEN					
	PART I. OEATH WAS CAUSED BY: CORONARY OCCI	USTON	SUDDEN DEATH					
	IMMEDIATE GAUSE (a)							
	Conditions, If any, which \ CORONARY SCLE	POSTS						
	gava rise to immediate							
	causa (a), stating tha DUE TO							
	underlying causa last. ) (c)	119. WAS AUTOPSY						
0	CATIO							
	20a. EXTERNAL CAUSE WAS PRIMARY OF OCUMENT OF CAUSE OF DEATH.	CURREO. (Enter nuture of injury in Part I or Part II of Item 18.	)					
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. F While Not While 19 at work 1	LACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	nty) (State)					
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my opinion							
	death resulted from: Natural causes K, Accident , Suicide , Homicide , Undetermined manner							
	0 - 1/8	CHIEF MEDICAL EXAMINER						
	SIGNATURE Denedich Skitarelie	M.O. ASSISTANT MEDICAL EXAMINER February	2. 1966					
2		OEPUTY MEDICAL EXAMINER X	2, 1700					
	EXAMINER'S BENEDICT SKITARELIC, M.D.	Address (Street, city, town, or county) Cumberly	aria, ma.					
	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMET	ERY OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)					
	Burial (Specify) 2/5/66 Hillcrest B	urial Park   Cumberland, Ma	ryland					
?	24. FUNERAL DIRECTOR ADORESS	25a REC'O BY REGISTRAR 25b. REGISTRAR						
8	H. Wayne George Cumberland, Marylan	d FEB 8 1968 felicial	en Judge					
1								



## STATE FOR HEALTH DEPT.

OBEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute he certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death. O DEPUTY MED

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## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01592 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	-							U	2000
ana gan	1.	PLACE OF DEAT	Allegany	MARYLANO	a. STATE	ce (Where decease	b. COUNTY	Alleg	
		b. CITY OR TOW Write RURAL	N (If outside corporate limits and give nearest town)	c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (I	f outsida corpor			
		Cumberla		5 Days	Cumbe	erland	Route #2	01	- /
		d. NAME OF HO	SPITAL OR INSTITUTION (If no	t in hospital, give street eddress)	d. STREET ADDRESS				e. IS RESIDENCE DN A FARM?
0	2	Memoria	al Hospital				2441		YES NO
	J.	DECEASED	First	Middle	Lest	4. DATE OF	Month	Oay	
	5	(Type or print)	James 6. COLOR OR RACE 7. MAR		Michael  B. OATE OF BIRTH	DEATH	February E (in years   IFUN	2	19 66
		Male	White WIDO	WEO DIVORCEO D	ecember 5,1	18	st birthday) Mont	ths Days	
	10a dur	I. USUAL OCCUPATING most of work	ION (Give kind of work done   1 ing life, even if retired)	Ob. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (		country) 1	2. CITIZEN COUNTR	OF WHAT
	Ca	arpenter	for Growden Con		Cherry Run	, West V	irginia	U.S	5.A.
	13.	FATHER'S NAM			14. MOTHER'S MAI				
			William E. M			Daisy S		eceas	sed)
	15. (Ye	. WAS OECEASEO	EVER IN U.S. ARMEO FORCES? (If yes give war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	Route	#2
		No		214-07-1146 Mrs	. Vallie M	ichael	(	Cumber	rland, Md
			OEATH [Enter only one ceuse	per line for (a), (b), and (c).]		Will His		INT	ERVAL BETWEEN
		PART I. OI	EATH WAS CAUSEO BY: IMMEDIATE CAUSE (8)	HEMOTHORAX,	BILATERAL				OURS
		9/2:	DUE TO						
		Conditions, If gave rise to	Immediate (b)	CRUSHED CHES	ST	756		4	days
		cause (a), so underlying caus	tating the DUE TO						
	NOI	PART II. OTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL	OISEASE CONOIT	IDN GIVEN IN PART	1(a) 19	. WAS AUTOPSY PERFORMEO?
2	ICAT						2		YES NO
	CERTIFICATION	PRIMARY TO OF CAUSE OF DEAT	CONTRIBUTING   CH.	FARM TRACTOR				18.)	
		20c. TIME OF	INJURY Month, Oay, Year   2	Od. INJURY OCCURRED 120e. PLA	CE OF INJURY (Home, f	arm,   20f. (CIt		(County)	(Stete)
	MEDICAL	12:30 p.i	.Jan. 29 1966 at		ry, street, office bldg., hael Road		mberland.	ATTOR	- MA
3/	Σ			remains described above, hel		Inspection			nd In my opinion
		death result			cide , Homic		determined man	-	is in my opinion
		-5-3	1		CHIEF MEDICA	AL EXAMINER			
		ACTUAL SIGNATURE	Denedict	Sketarelia		EOICAL EXAMINE			2. DATE SIGNED
2		EXAMINER'S	BENEDICT SKIT	ARELIC, M.D.			K Februa		
~	220	EXAMINER'S NAME (Type)					countyCumbe:		
	238	REMOVAL (Spe				Cumber		faryla	
1	24.	Burial . FUNERAL OIRE		Pleasant Grov	25a. RI	EC'D BY REGISTR	AR   25b. REGIST		
X				rland Maryland 21	502 PATE	3 4 199	6 Pelia	rles O	
1		Trucoit The	PITTON OMINE	rand harytand 21	JUL DATE		UL KOR	May V	udur

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and miss yevent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MEDICAL CERTIFICATION

1	DIVISION OF STATISTICAL RESEARCH AND RECOI	DEPARTMENT OF HEALTH RDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
1	01646 CERTIFICA	ATE OF DEATH	11593
1.	a. COUNTY ALLEGANY MARYLAN		NO /
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  CUMBERLAND  19 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL at	nd give neagest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address MEMORIAL HOSPITAL	d. STREET ADDRESS RT. #1, BOX 166	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME DF First Middle DECEASED (Type or print)  CLYDE  W.	MILLER DEATH FEB. 2	Day Year 21 19 66
	MALE WHITE WIDOWED DIVORCED	JULY 23, 1905 60 yrs. Months D	ays Hours Min.
Bo	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY ON Ling Alley employee	BERLIN, PA. U.	IZEN OF WHAT
13	FRANKLIN MILLER	14. MOTHER'S MAIDEN NAME SUSAN MILLER	
15 (Yo	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (1f yes give war or dates of service) 214-05-958	17. INFORMANT Address  MEMORIAL HOSPITAL	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  Chronic (c)  Chronic (c)	Congestive Heart Failure Autorioschenti Heart Duscosi	19 days
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CE	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e.	e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	ty) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 2-21 19.66, and 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type) DR. WILLIAM P. IAMES	that death occurred atM, from the causes and on the	FE SIGNED
23	Burial Feb. 25, 1966 Hyndman	ETERY OR CREMATORY 23d. LOCATION (City, town or coun Hyndman, Path	(State)
1	Harvey H. Feisla H yndman, Pa	EED DO 1000 BOX	

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7		DIVISIO	N OF STA	N ATISTICAL F	ESEARCH		ORDS	, 301 W.	PRESTO	N STREE		IMORE 1,	, MARYL	AND	
		01647	7		(	CERTIFI	CATI	E OF DEATH ()1594							
	1.	PLACE OF DEAT						2. USU/ a. ST		E (Where dec		If institution		~	nission)
		b. CITY OR TOW Write RURAL	N (if outside and give ne	arest town)	100	MARYI NGTH DF STAY	IN 1b	c. CITY I		outside corp		s, write RUF	Alleg RAL and giv		t town)
		d. NAME OF HO	SPITAL OR IN	STITUTION (if n	ot in hospital,	give street ac	ddress)	d. STREE	T ADDRESS	LNJLII			6	. IS RES	IDENCE ARM?
7			ial Hos	_											ND E
	3.	NAME DF DECEASED		First		Middle			st	4. DATE DF		Month	Day	Yea	
	5.	(Type or print)	6. CDLOR	SCAR				MILL B. DATE O	ER F BIRTH	DEATH		RUARY ears   IF UND	ED 1 VEAD	19 (	
	٥.		White	/. 1117		EVER MARRIED	IXI				last birth	day) Month		Hours	Min.
	10a	MALE.		-	OWED	BUSINESS DR			20,188	ounty & State,		rs.	. CITIZEN I	OF WHAT	
	duri	ing most of work	ing life, even	If retired)	INDUSTR	Y DOSTNESS DK					or foreign se	Juney) 12.	COUNTRY	?	
	13	Retire							'ennsyl				U.S.	A	
	10.	TATIER S MAIN		3// 77				14. 1/10	ITIER S WINTE			. 5			
	15	WAS DECEASED		nua Mille		SECURITYND	1 17	INFORMAN	T.	Ü		ia Bow	ers		
H	(Yes	s, no, or unkown)	(If yes give wa	r or dates of service	) IO. SDCIAL	.SECURITIND	17.	HYPDRIMAN							
		No						_MEM	ORIAL	HOSP	LTATL	_, CUI	MBERL		
			DEATH LENTO	r only one cause	per line for	(a), (b), and (c)	).] [[0]	Int.	1/	en/	12.			RVAL BET	
		1/20	IMMEDIAT	E CAUSE (a)	nauv	e con	tory	wiy	Merc	auso	res		77	say.	Ince
		Conditions, If	any which	DUE TO	Plin	. A.S.	10	. /					11/	MAY	1.
		gave rise to	Immediate	(b)	Upvo	.// -//	17	1	11	11/	1	7	IP	for	-
		cause (a), s' underlying caus	-	DUE TO	DAY.	augu	111/	11.7	1/1/1/	110.44	W 46	UKKAN	123/20	104.	1417
	NO.			CONDITIONS CD	TRIBUTINGT	O DEATH BUT N	OT RELA	TED TO THE	TERMINAL	IS EASE COND	ITION GIVE	N IN PART 1	(2) (19.	WAS AL	TOPSY
	CERTIFICATION	1282		Intou	t 54	ohill	1					/	YE	PERFORI	MED?
7	Ē.	20a. ACCIDENT	WAS UNDER	LYING	Db. DESCRI	BE HOW INJUR	Y OCCU	RRED. (Ent	ter nature of	injury in Pa	rt I or Pari	t II of Item		, L	
	CER	DR CONTRIBUTI	ING 🗍 CAUSI TIFY MEDICA	E OF DEATH L EXAMINER)	10										
	CAL	2Dc. TIME OF		th, Day, Year	2Dd. INJURY	DCCURRED   2			JRY (Home, fa		City or tow	(n) (l	County)	(S	tate)
	MEDICAL	Hour a.r		19	While No	t While	factor	ry, street, o	office bldg., e	tc.)	1	,	1		
				his hospital) a	ttended the			50		to, to	rary	, 19		at (I) (w	
		saw the de		e on /-	14,	19/2/2, a	nd that	death oc	curred a	05 MM ro	m the cau	ses and or	n the date	stated	above.
		<	John	UAN	opt	rely	M.D		4	MED. DIRECTOR	STAFF PHYS.		2-12	-60	6
1		22c. PHYSICIA	M's ype) DR	JOHN 7	OPPER			22d.	ADDRESS HY	NDMAN	. PA				
	23a.		ATIDN, 23b			NAME OF CE	METERY	OR CREMA				ty, town or	county)	(Sta	ate)
		Burial (Spo	eclfy) 2	15/66	pŋ	easant	Hill	Ceme	tem	Some			Penna	9	
	24.	FUNERAL DIRE	CTOR	-// 00	1 4 4	ADDRESS	A depte of the original	- Comb	25a. BE	DOING	TRAR   25t	. REGISTR	AR'S SIGN	ATURE	
		Ruth E.	Silcox	Cumber	rland,	Marylan	id 21	502	DATE	- To	366	gClian	A 0	edge	
														W	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the forecal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTIC	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE 1. MARYLAN
01648	CERTIFICATE OF DEATH	015.
DI ACE OF DEATH		

1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)  a. STATE  b. COUNTY				
Allegany					W. Va. Winerial				
	b. CITY OR TOW	N (if outside corporate limit and give nearest town) Cland	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Cumbe	rland	R9dge]	ler		000			
-	d. NAME OF HOS	SPITAL OR INSTITUTION (if n	5 days	racci	d. STREET ADDRESS	reg		e, IS RESIDENCE	
		N. Centre St.	or in nospital, give action add	(533)		er additio	on	ON A FARM?	
3.	NAME OF	First	Modela						
3.	DECEASED (Type or print)	Ida	Middle V.		Last Morrissey	4. DATE OF DEATH	Month Feb.	Day Year 15 19 66	
5.	SEX	6. COLOR OR RACE   7 MA	RRIED NEVER MARRIED	718	B. DATE OF BIRTH		In years   IF IINDER	1 YEAR IF UNDER 24 HRS.	
	Female	7.7	OWED DIVORCED	╣`		998   last 6	Irthday) Months	Days Hours Min.	
10a	IN USUAL OCCUPAT	ION (Give kind of work done   ng life, even if retired)	10b. KIND OF BUSINESS OR		11. BIRTHPLACE (Co	unty & State, or forei		TIZEN OF WHAT	
-	Housewife		INDOSTRI		Allegany	Md.	T	JSA	
13.	FATHER'S NAM			-	14. MOTHER'S MAIDI			-	
	Conre	ad Wagner				ilt) Wagn	er		
15	. WAS DECEASED I	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17.	INFORMANT		Address	- 7 -	
(16	NO unkown)	(If yes give war or dates of service	None	F	ay Morrisse	Tr Carne	Address Ridg nter Addin	cion. W. Va.	
					TOTT TODG,	y our per	IIVEL Addit		
			per line for (a), (b), and (c).]					ONSET_AND DEATH	
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary O	ccl	usion			1 day	
	4201	DUE TO	A STATE OF THE PARTY OF THE PAR						
	Conditions, If		Coronary H	ear	t Disease			2 years	
	gave rise to	Immediate (							
	cause (a), st								
Z	underlying caus								
12 12	PARTII. UTHERS	IGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUTNOT	RELA	TED TO THE TERMINAL DI	ISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?	
CA								YES NO T	
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING  NG CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	Injury In Part I or	Part II of Item 18.	)	
ICA			20d. INJURY OCCURRED   20e	. PLAC	E OF INJURY (Home, far	m, 20f. (City or	town) (Cou	nty) (State)	
MEDICAL	Hour a.n		While Not While at work	lactor	y, acreec, onice blog., ec	C.,			
			ittended the deceased from	n	6 - 9 19	55 to 2 -	15 19 6	6 that (I) (we) last	
		eased alive on 2 -			death occurred at				
	22a. SIGNATUR		D	411.01		,		ATE SIGNED	
	M. File .	teep 6.	Sui	M.D.	ATTENDING M	IED. STA	FF   2-	16-66	
	22c. PHYSICIA			IVI.D.	22d. ADDRESS	INCOTON E J PHI	о. <u>П</u>		
1	NAME (Ty	pe) Ralph W. Ba	allin M.D.		62 Greene	e St. Cumb	erland, M	d. 21502	
232	. BURIAL, CREM			CTERY					
250	REMOVAL (Spe	clfv)					(City, town or cou		
-00	Burial	Feb. 17,		Bu		[ Cumber	rland	Md.	
24	Brown I	****	ADDRESS		25a. REC	D BY REGISTRAR	25b. REGISTRAR'		
	Byron I	light	Cumberland, Md.		DATER	1 8 1966	Milanle	Judge	
					1 -1-12	TO MAN	0	0-0-	

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cessary, e funeral may be 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event-within 72 hours after death. TO BEPUTY MEL EXAMINER. This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files.

> VR AI5ME (5) 5M 1/65

	PLACE OF DEATH			CAL EXAMINER'S		CE (Where deceased lived. If inst	itution: Resider	nce before ac	(mission)
1	A. COUNTY	ALLEGANY			a STATE	ARYLAND b. count	MATTECA	NV	amtaaluit)
	b. CITY DR TDW		e limits	MARYLAND  1 c. LENGTH DF STAY IN 1b					
	b. CITY DR TDWN (if outside corporate limits, writa RURAL and give nearest town)  CUMBERIAND							1	/
			N (If no	t in hospital, give street address)		ANVILLE	-	e. IS RES	IDENCE
	DOA SAC	RED HEART H	HOSP	TTAT				YES T	FARM?
3.	NAME OF	Fir		Middla	Last	4. DATE Month	D		
	(Typa or print)	JOHN	N	н. м	YERS	DEATH FEB.	1	1 19	66
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years I			-
	ALE	WHITE		OWED DIVORCED DI	MAY 8,1890	75 yrs.	Months Days	Hours	Min.
10a dur	INCLUSUAL OCCUPATING MOST OF WORK	ION (Give kind of work on a life, even if retired	done 1	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tata or foreign country)	12. CITIZE	N OF WHAT	
	GROC	ERER		GROCERY	MARYLAND		USA		
13.	FATHER'S NAMI				14. MOTHER'S MAID				-
		RT MYERS				LLE MOORE			
15. (Ye	s, no, or unkown)	VER IN U.S. ARMED FOR (11 yes give war or dates of	RCES? f service)		INFORMANT	Addrass			
	NO				SYLVLA B. MY	ERS, CORRIGANV	-		
		EATH [Enter only one ATH WAS CAUSED BY:		per line for (a), (b), and (c).]	- H - E1		IN OI	TERVAL BE	TWEEN DEATH
	IMMEDIATE CAUSE (a) CONONARY OCCLUSION							SUDDEN	
	Conditions, if any, which by CORONARY SCLEROSIS								
	gava risa to	Immediata (	(b)	CORONA	RY SCLERUS	272			
			10						
	cause (a), st	ating the	1.0						
NO	underlying cause	a last.	(c)	TRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN P	PART 1(a)   15		TDPSY
SATION	underlying cause	a last.		TRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL C	DISEASE CONDITION GIVEN IN P		PERFOR	MED?
TIFICATION	PART II. OTHER S	B last.	NS CON	TRIBUTING TO DEATH BUT NOT REL				PERFOR	TDPSY MED?
CERTIFICATION	PART II. OTHER S	a last.	NS CON					PERFOR	MED?
CAL CERTIFICATION	PART II. OTHER S  20a. EXTERNAL PRIMARY OF CAUSE OF DEATI	CAUSE WAS CONTRIBUTING H.	ONS CON	Ob. DESCRIBE HOW INJURY OCC	URREO. (Enter natura of	injury in Part I or Part II of		PERFOR YES	MED?
	PART II. OTHERS  20a. EXTERNAL PRIMARY Or CAUSE OF DEATH  20c. TIME OF I Hour a.m.	CAUSE WAS CONTRIBUTING  H.  NJURY Month, Day, You	Year 2	Ob. DESCRIBE HOW INJURY OCC 20d. INJURY OCCURRED 20e. PLA Whila - Not Whila -	URREO. (Enter natura of	injury in Part I or Part II of	Item 18.)	PERFOR YES	MED?
MEDICAL CERTIFICATION	PART II. OTHER S  20a. EXTERNAL PRIMARY Or CAUSE OF DEATI 20c. TIME OF I Hour a.m. p.m.	CAUSE WAS CONTRIBUTING H.  NJURY Month, Day, Yo.	Year 2	Ob. DESCRIBE HOW INJURY OCC 20d. INJURY OCCURRED 20e. PLA Whila Not Whila factor t work at work	URREO. (Enter natura of ACE OF INJURY (Home, fa ory, street, office bldg., e	injury in Part I or Part II of arm, 20f. (City or town)	Item 18.) (County)	PERFOR YES	MED? ND X
	PART II. OTHER S  20a. EXTERNAL PRIMARY Or CAUSE OF DEATI 20c. TIME OF I Hour a.m. p.m.	CAUSE WAS CONTRIBUTING [] H. NJURY Month, Day, You	Year 2	Ob. DESCRIBE HOW INJURY OCCURRED 20e. PU factor work at work to remains described above, he	URREO. (Enter natura of ACE OF INJURY (Home, fa ory, street, office bldg., e	Finjury in Part I or Part II of arm, 20f. (City or town) tc.)	(County)	PERFOR YES (S	MED? ND X
	PART II. OTHER S  20a. EXTERNAL PRIMARY OF CAUSE OF DEAT!  20c. TIME OF I Hour a.m. p.n.  21. I certify death resulted	CAUSE WAS CONTRIBUTING [] H. NJURY Month, Day, You	Year 2	Ob. DESCRIBE HOW INJURY OCCURRED 20e. PU factor work at work to remains described above, he	URREO. (Enter natura of ACE OF INJURY (Home, faory, street, office bldg., e	Inspection , Undetermined r	(County)	PERFOR YES (S	MED? ND X
	PART II. OTHER S  20a. EXTERNAL PRIMARY OF CAUSE OF DEATI  20c. TIME OF I HOUR a.m. p.m.	CAUSE WAS CONTRIBUTING [] H. NJURY Month, Day, You	Year 2	Ob. DESCRIBE HOW INJURY OCCURRED 20e. PU factor work at work to remains described above, he	URREO. (Enter nature of ACE OF INJURY (Home, fa ory, street, office bldg., e eld an Autopsy, ricide, Homicia, CHIEF MEDICAI	Inspection , Undetermined r	(County)  ry X, a manner	PERFOR YES (S	MED? ND X
	PART II. OTHER S  20a. EXTERNAL PRIMARY OF CAUSE OF DEATI  20c. TIME OF I Hour a.m. p.n.  21. I certify death resulted ACTUAL SIGNATURE	CAUSE WAS CONTRIBUTING H.  NJURY Month, Day, You that I took charge of from: Natural	Year 2	20d. INJURY OCCURRED 20e. PLANT A twork at work at wor	URREO. (Enter natura of ACE OF INJURY (Home, face), street, office bldg., edited an Autopsy , icide , Homici Chief Medical M.D. ASSISTANT MEI	Injury In Part I or Part II of Pa	(County)  Ty X, almanner	PERFOR YES (S	State)  Dpinion  SIGNED
MEDICAL	PART II. OTHER S  20a. EXTERNAL PRIMARY OF CAUSE OF DEATH  20c. TIME OF I Hour a.m. p.m.  21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	CAUSE WAS CONTRIBUTING H.  NJURY Month, Day, You that I took charge ad from: Natural  BENEDICT S	Year 2 And the causes	Ob. DESCRIBE HOW INJURY OCCURRED 200. PLU factor work at work erremains described above, he s X, Addident , Su ARELIC M.D.	URREO. (Enter nature of ACE OF INJURY (Home, fa pry, street, office bldg., e ld an Autopsy , icide , Homici CHIEF MEDICAL DEPUTY MEDIC UMBERIAN MERICAN AUTOPS (Street	Inspection , Inquired to the control of the control	(County)  ry X, amanner   FEB.	PERFOR YES (S	State)  Dpinion  SIGNED
MEDICAL	DART II. OTHER S  20a. EXTERNAL PRIMARY Of CAUSE OF DEATH  20c. TIME OF I Hour a.m. p.m.  21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)  BURIAL, CREM, REMOVAL (Spe	CAUSE WAS CONTRIBUTING H.  NJURY Month, Day, You that I took charge of from: Natural  BENED TOT S  ATION, 23b. DATE T	Year 2 and the causes	Ob. DESCRIBE HOW INJURY OCCION INJURY OCCURRED 20e. PU factor work at work remains described above, he is X, Accident , Su Accident , Su ACCIDENT ARELIC M.D. CORRECT 23c. NAME OF CEMETER	URREO. (Enter natura of ACE OF INJURY (Home, face), street, office bldg., ended an Autopsy , icide , Homicia CHIEF MEDICAL DEPUTY MEDIC DEPUTY MEDIC TANGERS STREET AND AUTOPSY OF CREMATORY	Inspection , Inquired to the control of the control	(County)  ry X, a manner   FEB.	PERFOR YES (S	State)  Dpinion  SIGNED
MEDICAL	PART II. OTHERS  20a. EXTERNAL PRIMARY OF CAUSE OF DEATH  20c. TIME OF I Hour a.m. p.m.  21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)  BURIAL, CREM. REMOVAL (Spe BURIAL)	CAUSE WAS CONTRIBUTING THAT H.  NJURY Month, Day, You that I took charge ad from: Natural BENEDICT S ATION, 23b. DATE T CIFY) FEB. 14,	Year 2 and the causes	Ob. DESCRIBE HOW INJURY OCCION INJURY OCCURRED 20e. PU factor work at work remains described above, he is X, Accident , Su Accident , Su ACCIDENT ARELIC M.D. CORRECT 23c. NAME OF CEMETER	URREO. (Enter nature of ACE OF INJURY (Home, fa pory, street, office bldg., e clicide, Homicing, Homicing, ASSISTANT MEI, ASSISTANT MEI	Inspection , Inquired in the control of the control	(County)  ry X, amanner   FEB.	PERFOR YES (S	State)  Dpinion  SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH

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STATE OF THE SAME AND SAME AND SAME ASSESSMENT AND SAME AND THE SAME AND SA

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emove carbon papers. Pages 1 3mc 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the content of the state Dept. **TO HOSPITAL OR ATTENDING PHYSICIAN**: The law requires that the death certifical Page 4 may be retained by the hospital or attending physician.

	20000			YLAND STATE DE			
-	01850	N OF STATISTI	CAL RESE	CERTIFICAT		N STREET, BALTIMORE	() 1597
1.	PLACE OF DEAT	Н			2. USUAL RESIDENCE	CE (Where deceased lived, If institu	ution: Residence before admission)
	a. COUNTY	EGANY			a. STATE MARY!	A NID b. COUNTY	ALLEGANY
		N (if outside corpora	te limits.	MARYLAND  I C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write	
	write RIMAL	ERLAND	wn)	7 HRS.	CUMBE		011
-			ON (if not in	hospital, give street address)	d. STREET ADDRESS	NEANO	e. IS RESIDENCE
			PITAL		320 FURI	NACE ST.	ON A FARM? YES NO X
3.	NAME OF	F	Irst	Middle	Last	4. DATE Month	Day Year
	(Type or print)	PAUL	259.0	. C. N	EHRING	DEATH FEBRUA	RY I 1966
5.	SEX	6. COLOR OR RACE	7. MARRIEI	Y	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
	MALE	WHITE	WIDOWE	DIVORCED	6-29-189	3 last birthday) Mo	onths Days Hours Min.
LOa	USUAL OCCUPAT	ION (Give kind of working life, even if retire	done 10b.	KIND OF BUSINESS OR	11. BIRT HPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		laintenanc		rewing Co.	MAR	YLAND	U. S. A.
13.					14. MOTHER'S MAIL	/	
	WILLI	AM NEHRIN	IG		THERES	A ROMAN (Rohm	an)
		EVER IN U.S. ARMED F	· C · · · · · · · · · · · · · · · · · ·		INFORMANT	Address	
	no		2	14054831	MEMORIAL I	HOSPITAL, CUM	BERLAND. MD.
I	18. CAUSE OF	DEATH [Enter only o	ne cause per	line for (a), (b), and (c).]	0	1 0 1	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DI	EATH WAS CAUSED B'		assem July	wow Engh	obe Trefuel	te nous
	4221	DUE	TO A	1 1 ,	0 11	1 10	
	Conditions, If		(b) (l1	tellosterete	Cardes Var	weller blaccesi	year.
	gave rise to cause (a), s	\ Ditte	т0	.1 . 1	. ). /	1 (1 1 10	0
_	underlying caus		10/1	ich antie	sered Miches	I Value presen	
0	PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTRIE	BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY PERFORMEQ?
5		no	_				YES NO
CEKI	OR CONTRIBUTE (IF EITHER, NO	WAS UNDERLYING DEING CAUSE OF DEITIFY MEDICAL EXAM	TH 20b.	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	f injury in Pert I or Part II of It	em 18.)
'AL		INJURY Month, Day,			CE OF INJURY (Home, fa		(County) (State)
EDIC	Hour a.r		While at wo	B MOT WHITE M	ry, street, office bldg., e	etc.)	
Σ	21 Loortid			ded the deceased from	1954 1	9 to Fach	1966, that (I) (we) last
-		ceased alive on	Cen 3		t death occurred at		d on the date stated above.
	22a. SIGNATU			15 to B, and the	t death occurred at		22b. DATE SIGNED
	9	Willen	. Che	Ralla M.I	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS.	2/3/66
	220 PHYSIGH		- Con	1	22d. ADDRESS		7
	NAME (T	DR. O.	G. HI	MMELWRIGHT	133	VIRGINIA AVE.	/
23a	BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION (City, town	or county) (State)

REMOVAL (Specify)

Burial | Feb.4,1966 | SS. Peter & Paul Cemetery Cumberland, Md

24. FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, Md.

DATE | B | 1966 | Fellowles Judge

VR A15 (4) 20M 1/65

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MOST A MEMORIAL MOSPITAL, TUMBERLAND, MA

DE G. ALIMETARIA 133 VARRILLA AVE.

A CONTRACTOR OF THE STATE OF TH

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is certary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR AISME (5) 5M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01651 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
01598

1. PLACE OF DE a. COUNTY	ATH			2. USUAL RESIDE	NCE (Where deceased	lived, If institution:	Residence before admission)
	Allegany		MARYLAND	1	Maryland	1	Allegany
b. CITY OR TO write RUR	OWN (If outside corpora AL and give nearest to	ate limits,	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN	If outside corporate	limits, write RUR	AL and give nearest town)
	Cumberland				Cumberland	d	01-1
d. NAME OF I			spital, give street address)				e. IS RESIDENCE ON A FARM?
	D. O. A. S	Sacred H	leart Hospita	1	Rt. 3, Bed:		
3. NAME OF DECEASED	F	Irst	Middle	Last	4. DATE	Month	Day Year
(Type or prin		rank		Donnell	DEATH	Feb.	9 19 66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years IF UND Months	ER 1 YEAR IF UNDER 24 HRS
Male	White	WIDOWED	DIVORCED [	Dec. 14,	1889 76	yrs.	
10a. USUAL OCCUP	ATION (Give kind of world orking life, even if ratio	(done 10b. Kin	ND OF BUSINESS OR	11. BIRTHPLACE	(State or foralgn co	untry) 12.	CITIZEN OF WHAT COUNTRY?
Retire	d Celanese		xtile	Cumber	rland, Md.		USA
13. FATHER'S N	AME		T. J. 7.	14. MOTHER'S MA			
	Tho	mas O'Do	onnell	ELSON IN	Genevie	ve Carro	11
	ED EVER IN U.S. ARMED F		OCIAL SECURITY NO.   17.	INFORMANT		Address	
yes yes	() (If yes give war or dates War I	OT SETVICE)	N	drs. Gertri	ide Snyder	r. Cumber	rland.Ma.
	OF DEATH [Enter only o	ne cause per lin				1	I INTERVAL BETWEEN
	DEATH WAS CAUSED B	Y:	Coronary	Occlusion			Sudden
420	IMMEDIATE CAUSI		0				
	If any, which \	TO	Coronary	Sclerosis			
gava risa	to Immadiata	(b)					
	staring mo f	E TO					
underlying c		(C)	ING TO DEATH BUT NOT REL	ATEO TO THE TERMINA	DISFASE CONDITIO	N GIVEN IN PART 10	a) 119, WAS AUTOPSY
OLL NOTING	K SIGHTI TOAH I CONDIT	TORS CONTRIBUT	THE TO BEATTI BOT NOT KEE	ATEO TO THE TERMINA	E S I G E I G E I G E I G E I G E I G E I G E I G E I G E I G E I G E I G E I G E I G E I G E I G E I G E I G E		PERFORMED?
20a EXTER	NAL CALISE WAS	20h Di	ESCRIBE HOW INJURY OCC	IIRRED (Entar nutura	of Injury in Part I o	or Part II of Itam	
	NAL CAUSE WAS or CONTRIBUTING [] EATH.						
ZOC. TIME (	F INJURY Month, Day,			ACE OF INJURY (Home, ory, street, office bldg.	farm, 20f. (City	or town) (C	County) (State)
Hour	a.m. p.m. 19	While at work	Not While	.,,,			
	tify that I took chars	ge of the rema	ins described above, he	eld an Autopsy ,	Inspection 3	, Inquiry 🔀	, and In my opinion
		al causes [].	-	icide , Homi		etermined manne	er 🗍
		1/1	- 1	CHIEF MEDIC	CAL EXAMINER		
ACTUAL	Mundia	t-16,7	abilial		MEDICAL EXAMINER	□ 2-9-10	966 22. DATE SIGNED
SIGNATURE	e usulle	or falled	www.	DEPUTY MED	ICAL EXAMINER		
EXAMINER'S NAME (Type)	Dr. Ben	edict S	kitarelic,N.	D . Address (Stre	eet, city, town, or c	ounty) Rt.	.9Cumberland
23a. BURIAL, CR	EMATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY		ON (City, town or	
Burial	Feb.	12, 1966		Cemetery	Cumbe	rland, M	d.
24. FUNERAL D	IRECTOR		ADDRESS	25a. F	REC'D BY REGISTRAF	25b. REGISTR	AR'S SIGNATURE
Jame	s F. Scarpe	elli, Cu	umberland, Mo	DATE.	B 1 4 1956	Julian	les Judge

THE RESERVED REPORTED AND ADDRESS OF THE PROPERTY OF THE PROPE termination of the second state of the second secon T. N. S. W. D. S. C. and the management of the second of the seco Heart that the condens, and the call the modulated Commons TABLE TOTAL Selver led attention less . U.M. State Charles Charles and - C. · Del a branchis and will appear of a sec-

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Department after death. the funera State hours EXAMINER: This certificate should be executed within 24 hours after death. If any delate certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. the 72 and 2 with event within pages 1 in any File permit. | burial-transit cremation, or i O used as to burial, 3 should be agent, prior CTOR: Page designated your files. DIRECTOR: its Page DEPUTY MED 0 for FUNERAL I director. retained

NAME (Type)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) a. COUNTY e. STATE b. COUNTY Allegany Allegany MARYLANO b. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b Cumber land Cumberland Years e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? NOX 427 Columbia Street 427 Columbia Street YES NAME OF DATE Year DECEASED DEATH February (Type or print) Elmer O'Neal 19 66 AGE (In years | IFUNDER 1 YEAR | IF UNOER 24 HRS OATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthdey) Months | Days Hours WIDOWED 7, 1908 OIVORCED White March 10e. USUAL OCCUPATION (Give kind of work done done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? II S A Maryland Unknown 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George O' Neal

15. WAS DECEASED EVER IN U.S. ARMEO FORCES?
(Yes, no, or unknown) ((If yes give war or dates of service) Mrs. Ida Bucy 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md George O'Neal, Route 2, Hazen Rd., Cumberland 220-10-2640 No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] ONSET AND DEATH PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (e) CORONARY OCCLUSION SUDDEN SCLEROSTS CORONARY OUE TO Conditions, If ony, which (b) gave rise to immediate **OUE TO** cause (e), steting the underlying cause last, WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION PERFORMEO? NO Z 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 11 of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bidg., etc.) Hour e.m. While Not While at work at work Inquiry X. and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Undetermined manner death resulted from: Natural causes XX Accident Suicide Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Bebruary 1. DEPUTY MEDICAL EXAMINER **EXAMINER'S** M. B. Address (Street, city, town, or county) Cumberland. Md.

23d. LOCATION (City, town or county)

BURIAL, CREMATION, REMOVAL (Specify)
Burial of Pleasant Grove Meth. Cem. Baltimore Pike-Near Cumberland 0 Feb. 25e. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Mary Dr 1966 230 Balto Ave., Cumberland, Md VR ALSME (5)

23c. NAME OF CEMETERY OR CREMATORY

SKITARELIC.

ANY Columbia Street

George O'Seal

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230 Balto ave Camberland la

Camberland bariander

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O1653
CERTIFICATE OF DEATH

01000	02000	
1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before adm/ssl a. STATE b. CDUNTY	on)
Allegany MARYLAND	Maryland Garrett	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow	vn)
Cumberland 12 Years	Rural Oakland //-2	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. 1S RESIDEN ON A FARM	CE
Jane Frazier Village	YES X ND	
3. NAME OF First Middle	Last   4. DATE Month Day Year	=
DECEASED	Parks DEATH Feb 25 19 66	
THOMAS (WILL)	R DATE OF BIRTH 19 AGE (In years   IF IINDER 1 YEAR II FIINDER 24 H	IRS.
NADOWED TO DIVIDED TO	and the state of t	in.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11, BIRTHPLACE (County & State, or foreign country)   12, CITIZEN OF WHAT	-
during most of working life, even if retired) INDUSTRY	COUNTRY?	
Woodsman Forest  13. FATHER'S NAME	Allegany Co. Maryland   U.S. A	_
John Park	Ellen Muir	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY ND.   17.	INFDRMANT Address	_
(Yes, no, or unkown) (If yes give war or dates of service) 213-24-6761 M	rs. Mary Yankie Cumberland, Md	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEE	
PART I, DEATH WAS CAUSED BY:	ONSET AND DEAT	1
IMMEDIATE CAUSE (a)	1)	80-
Conditions, If any, which	Dear of Grants	1
gave rise to immediate		_
cause (a), stating the DUE TO underlying cause last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPS	= Y
d and the state of	PERFORMED	?
20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	YES   NO     IRRED. (Enter nature of injury in Part I or Part II of Item 18.)	1
OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Transport territories of the state of the st	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State	_
Hour a.m.  19   While   Not While   factor   at work   at work	ry, street, office bldg., etc.)	1
21. I certify that (I) (this hospital) attended the deceased from	11/65, 19 to 2/26/66, 19 that (1) (we)	ast
	death occurred at A from the causes and on the date stated abo	
22a. SIGNATURE	22b. DATE SIGNED	-
1 / /// // Milliam Z MI	ATTENDING MED. STAFF DIRECTOR PHYS. D 2/26/66	
226. PHYSICIAN'S NAME (Type) D T LIST 3.4	22d. ADDRESS	
R. J. Williams	122 S. Centre St. Cumberland, Md	
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETER!	OR CREMATORY 23d. LOCATION (City, town or county) (State)	
Burial Feb 28 1966 Texas Method	ist Cemetery Horse Shoe Run, W. Va.	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
Leighton-Durst Funeral Home, Oaklan	ad, Md. DATEAR 1 1956 (Charley Judge	

VR A15 (4) 20M 1/65

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11/10/20/20 11/19	2/2/2	
SAME IN THE AMERICAN	I Palacina	
122 St. Contact St. + Contact Link, 4	ine LEV 1 A	
oter Constant   Hitting 24 on Hitte H. 75	Ports: Yeb 26, 1966 Terms Natho	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O1654

CERTIFICATE OF DEATH

1.	PLACE OF OEAT	H			11	2 IISHAI	RESIDENC	E (Where deceased li	and If inctitution	Pasidence he	fore admission)
	a. COUNTY	Allega	env			a. STAT			h collaity		
-	h CITY OR TOW			MARYLA				ryland		Alleg	
7.5		N (if outside corpora and give nearest to	wn) c. i	LENGTH OF STAY II		c. CITY OR		outside corporate i		L and give r	nearest town)
	Cumbe	rland	1	/23/1962	2_			nberland		01.	-/
		SPITAL OR INSTITUTI			Iress)	d. STREET	ADDRESS				S RESIDENCE ON A FARM?
		any Count					O N.	Lee Str			NO X
3.	NAME OF DECEASED		irst	Middle	Ded	Last		4. DATE	Month	Day	Year
_	(Type or print)		izabeth	W.		tters			bruary :		1966
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED				loof h	In years   IF UNDE Irthday)   Months	R 1 YEAR IF	
	emale	White	WIDOWED T	DIVORCED		12/11,	/1875	90	yrs. Months	Days	lours Min.
10a	USUAL DCCUPAT	TION (Give kind of work ing life, even if retire	done 10b. KIND C	F BUSINESS OR				unty & State, or forei	gn country)   12.		WHAT
	Housewi		פטטאו ומטט	IRY		स्तान	ntsto	ne, Mar		U. S	Α
	FATHER'S NAM					14. MOTHE			yrand	0. 13	· A ·
		Thornto	on Wilson	n		Sin	anne	ah Twigg			
15	WAS DECEASED	EVED IN IL C ADMED E	DDCESS I 16 COCI	AL SECURITY NO.	1 17 1				A 11-1-69		3 202
(Ye	no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates	of service)	AL SECURITINO.				30x 599,		berla	nd, Md.
	No					Llegar	ry Co	unty In	firmary	reco	rds.
		DEATH [Enter only or			],						AL BETWEEN AND DEATH
	PART I. DE	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Theye	condite	W.	akr.	de	quent	urs C	ONSET	AND DEATH
	443	of the	TO Clean	Ca.	- 4		- //				
	Conditions, If		0)(4)	represent	wer	4	17	Lain to	10110-1	1 09	
	gave rise to		TO CO	terio S	cle	mary	- Conf	Hy program	-		
	underlying caus	tuting the	( ) Her	sked (	Ce:	ebra	of at	Elevisle	in		
NO	PART II. OTHER S	SIGNIFICANT CONDITI	ONSCONTRIBUTING	TO DEATH BUT NOT	TRELAT	ED TO THE TE	RMINAL D	ISEASE CONDITION	GIVEN IN PART 1(a	)  19. W.	AS AUTOPSY
CAT										YES [	ERFORMED?
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	20b. DESCR	RIBE HOW INTIRY	OCCUR	RED (Enter	nature of	Injury In Part I or	Part II of Item 1	1 2	
ERI	OR CONTRIBUTI	ING CAUSE OF DEATIFY MEDICAL EXAMI	TH NED)	TOE HOW HOOK!	000011	MED: (Enter	110(0)0 01	mjury an runt i or	Tare ii of item 1	0.,	
				V COOLIDEED LOS	- DI 10	C On Indiana	41	1 001	4	4.	104-4-3
MEDICAL	Hour a.r	INJURY Month, Day,			e. PLACI factory	E OF INJURY , street, office	(Home, far ce bldg., et	rm, 20f. (City or	town) (Co	ounty)	(State)
ME	p.r			Not While at work							
	21. I certif	y that (I) (this hos	pital) attended th	ne deceased from	m 1/	23/62	19	to 2/	16/66.19	that	(I) (we) last
		ceased alive on_2						A.M. from the			
	22a. SIGNATUI			, 0110		at 3:		M		DATE SIGNE	
		1 M 100A	cherry			ATTENDIN	G X N	IED. STA	rs. X 2	/16/19	066
	22c. PHYSICIA	N'S	ALMAND.			PHYS.	URESS		s. WI 6/	10/1.	900
i	NAME (T)	(pe) Lee B.	Mathews	s, M. D.		49	Gre	ene St.,	Cumber	land	. Md.
23a.	BURIAL, CREM	IATION.I 23b. DATE	THEREOF   23c	c. NAME OF CEM	ETERV	OD ODEMATO	un V		(City, town or co		
230.	REMOVAL (Spe	ecify)									(State)
24	Burial FUNERAL DIRE		66 I h	Rosehill (	Ceme	tery	OFA DEC	Cumberl 'D BY REGISTRAR	and Mary	rland	to C
24.											
1	Duth F	Silcor	Cumbarl and	Mamel a	nd 2	7502	DAID! K	9 1 1000	Ocharel	0. 1 1000	Lab

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HUDID 1/23/1968 United 1988 drough domain the traction of the street to a street to h description of a second second drawn and the standard of the said The second of the second X as a string of mice. on ing dapanana . S. afrancis de e. . Sed zed. V. Venna AT DESCRIPT COUNTY OF THE SERVICE. I we continue in the water of the same of Same of the second section of 276/68 88 188 Man Blie de wdatthar/s. I a same Too 1. Internation of the Control of Partie Carpetin Control 100 that always the property of the sentence of th

## FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

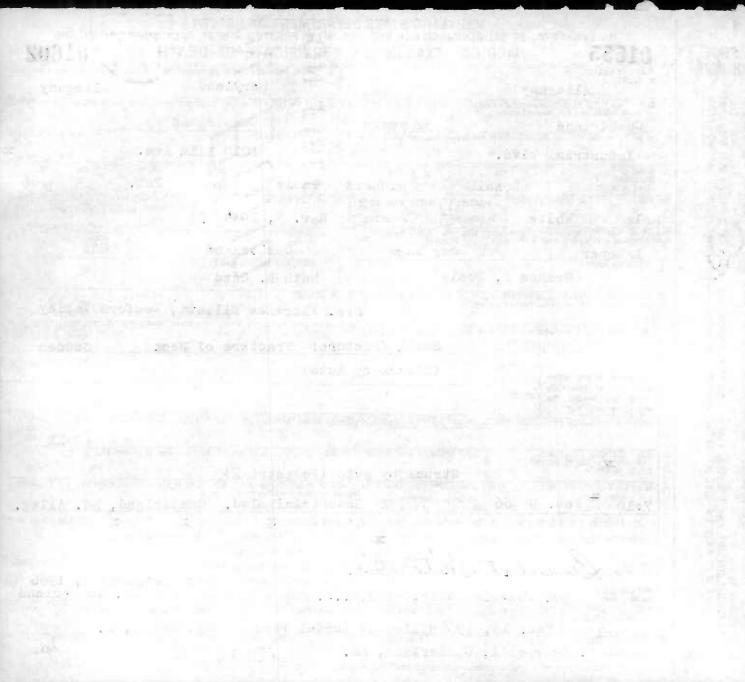
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in an event within 72 hours after death.

2

	MARY	LAND STATE DE	PARIMENIUF	HEALIH	
Division of S	STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
01655	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	0.1602

1. PLACE OF DEATH   2. COUNTY   Allegany   2. SUBJAL RESIDENCE (Where decased lived, in titutions: Ratificance before sadelasion)   2. STATE   Maryland   2. COUNTY   Allegany	0100										1 2 4	-UU	Fed
D. CLIY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Clumberland  d. NAME of the respect to institution (if not in hospital, give street address)  d. NAME of the Pospital of Institution (if not in hospital, give street address)  Industrial Blvd.  3. NAME DF BECEASED  Industrial Blvd.  3. NAME DF BECEASED  DO BAR PROPER  Male  C. LENGTH OF SIN/ IR 11  DO BAR PROPER  No 1 D BAR PROPER  No 2 D BAR PROPER  No 2 D BAR PROPER  No 3 D BAR PROPER  No 4 D BAR PROPER  No 4 D BAR PROPER  No 5 SEX  G. COLOR OR RACE [7. MARRIED ] NEVER MARRIED & DIVORCED   DIVO	1. PLACE DF DEAT 8. COUNTY			MADVIAN						v			mission)
Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Industrial Blvd.  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Industrial Blvd.  3. NAME OF BECEASE Thousand Industrial Blvd.  3. DATE OF BETH Thousand Industrial Blvd.  3. NAME OF BETH Thousand Industrial Blvd.  3. NAME OF BETH Thousand Industrial Blvd.  4. NOTHER'S MADIES NAME Ruth E. Card  13. FATHER'S NAME Graham E. Poole  14. MOTHER'S MADIES NAME Ruth E. Card  15. WAS DECEASED EVER INUS. ARMED FORCES? Thousand Industrial Blvd.  4. NAME OF BETH Thousand Industrial Blvd.  5. Skull Fracture; Fracture of Neck  15. WAS DECEASED EVER INUS. ARMED FORCES? Thousand Industrial Blvd.  16. SCAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  16. SCAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  17. INFERNANT ROUGHLESS TO THE SERVICE OF WHAT COUNTRY USA  18. CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  19. WAS AUTOPSY PERFORMED VEST NO DETERMINE THE ORDIN TO THE I I of I Itam 18.)  20. EXTERNAL CAUSE WAS PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)  20. EXTERNAL CAUSE	b. CITY OR TOP		mits,			c. CITY OR TOWN (If	outside	corporate	limits, writ				t town)
A NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Industrial Blvd.  3. NAME DECRASED  Industrial Blvd.  Indust	en .			72 manne		C	'umb	erland	9		m /-	1	
Industrial Blvd.  3. NAME DE DECEASED (Type or print)  Douald Richard Poole   4. DATE   Feb.   9   1966    S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NEVER MARRIED   Nov. 3, 1934   9. AGE (In years   IFUNDER) PRINCE 224HRS.  Male   White   WIDOWED   DIVORCED   Nov. 3, 1934   9. AGE (In years   IFUNDER) PRINCE 224HRS.  Male   White   WIDOWED   DIVORCED   Nov. 3, 1934   9. AGE (In years   IFUNDER) PRINCE 224HRS.  Male   White   WIDOWED   DIVORCED   Nov. 3, 1934   9. AGE (In years   IFUNDER) PRINCE 224HRS.  Months   Days   Hours   Min. 31   yrs.  100. USUAL OCCUPATION (Give kind of work done of working) life, even if retired)   100. Kind OF BUSINESS OR   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?    Taborer   Car Wash   Car Wash   Car Wash   Ruth E. Card    15. WAS DECEASED EVER INU.S. ARMED FORCES? (Yes, no, or unbown) (If yes give are dated series)   16. SOCIAL SECURITY NO.   17. INFORMANT   Address (Yes, no, or unbown) (If yes give are dated series)   18. SOCIAL SECURITY NO.   17. INFORMANT   Address (Yes, no, or unbown) (If yes give are dated series)   18. SOCIAL SECURITY NO.   17. INFORMANT   Address (Yes, no, or unbown) (If yes give are dated series)   Skull Fracture; Fracture of Neck   Sudden    18. CAUSE OF DEATH (Enter only one cause per line for (s), (b), and (c).]    18. CAUSE OF DEATH (Enter only one cause per line for (s), (b), and (c).]   Skull Fracture; Fracture of Neck   Sudden    18. CAUSE OF DEATH (Enter only one cause per line for (s), (b), and (c).]   Skull Fracture; Fracture of Neck   Sudden    18. CAUSE OF DEATH (Enter only one cause per line for (s), (b), and (c).]   Skull Fracture; Fracture of Neck   Sudden    18. CAUSE OF DEATH (Enter only one cause per line for (s), (b), and (c).]   Skull Fracture; Fracture of Neck   Sudden    18. CAUSE OF DEATH (Enter only one cause per line for (s), (b), and (c).]   Skull Fracture; Fracture of Neck   Sudden    18. CAUSE OF DEATH (Enter only one cause per line for (s), do not contain but not retarted to the fra	d. NAME OF HO	CLAILO DSPITAL OR INSTITUTION (i	f not in ho	spital, give street addr	ess)		Jun 15	er ram	Д.		0		
S. SEX   G. COLOR OR RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   S. DATE OF BIRTH   No.v. 3, 1.934   S. DATE OF WHAT COUNTRY!   S. DATE OF WHAT				Spired Bire of our or of			010	Ella	Ave.	12.2	Y		-0.7
S. SEX     G. COLOR OR RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   9. AGE (in years   FUNDER 174A   F	DECEASED	30	ald		rd		0	F		•		Yea 19	56
10a_USUAL_OCCUPATION_Give kind of work done during most of working life, even if retired   10b. Kind of business or   11b. Birthplace (state or foreign country)   12c. COUNTRY?   USA   12b   12b   12c. Country?   USA   USA   12c. Country?   USA   12c. Co		7.			7		934	last	oirthday)	FUNDER:	Days		
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   Ruth E. Card     15. WAS DECEASED EVER INU.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Mrs. Florence Elliott, Bedford Valley     18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]     18. CAUSE OF DEATH WAS CAUSED BY:   Skull Fracture; Fracture of Neck   INTERVAL DETWEEN     18. CAUSE OF DEATH WAS CAUSED BY:   Skull Fracture; Fracture of Neck   Sudden     19. WAS AUTOPSY   PART I. DEATH WAS CAUSED BY:   Skull Fracture; Fracture of Neck   Sudden     19. WAS AUTOPSY   PERFORMED?     19. WAS AUTOPSY   P	10a. USUAL OCCUPA during most of work	TION (Give kind of work done king life, even if retired)	10b. Kil	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (S	tate or	foreign cou		CO	UNTRY		
Graham E. Poole  Ruth E. Card  15. WAS DECEASED EVER INU.S. ARMEDFORCES? (Yes, no, or unknown) (Iffyes give war or dates of service) (Post in the control of			1 0	ar wasn						1 0	OA		
Yes, no, or unknown   O	AS. TATHER S HAI		Pool	е									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]   PART I. DEATH WAS CAUSED BY:   Skull Fracture; Fracture of Neck   Sudden     Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest. (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. (a)   19. WAS AUTOPSY PERFORMED? YES NO     20s. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   Struck by auto (Pedestrian)   20c. Time of injury Month, Dey, Year   20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   This of Injury Month, Dey, Year   20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   This of Injury Month, Dey, Year   20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   This of Injury Month, Dey, Year   20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   This of Injury Month, Dey, Year   20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   This of Injury Month, Dey, Year   20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   This of Injury Month, Dey, Year   20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   This of Injury Month, Dey, Year   20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   This of Injury Month, Dey, Year   20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   This of Injury Month, Dey, Year   20d. Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.)   This of Injury injury occurred. (Enter nature of injury injury occurred. (Enter nature of injury injury occurred. (Enter nature of injury injury injury occurred. (Enter nature of injury injury occurred. (Enter nature of injury injury injury occurred. (Enter nature of injury in	(Yes, no, or unkown)						El	liott			Va	lley	
PART I. DEATH WAS CAUSED BY:    PART I. DEATH WAS CAUSED BY:   Skull Fracture; Fracture of Neck   Sudden		DEATH FERTOS ONLY ONE CO	lan nor lle										TWEEN
DUE TO   Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.   DUE TO   Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.   (c)			use per III			The said		- C NT			ONS	ET AND I	)EATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest.  PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES YN NO  20a. EXTERNAL CAUSE WAS PERFORMED?  YES YN NO  STRUCK by auto (Pedestrian)  20b. PLACE OF INJURY (home, farm, factory, street, officabldg., etc.)  Factory, street, officabldg., etc.)  Industrial Blvd. Cumberland, Md. Alleg.  21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion death resulted from: Natural causes J, Accident X, Suicide J, Homicide J, Undetermined manner D  ACTUAL SIGNATURE SIGNED  SEXAMINER'S DEPUTY MEDICAL EXAMINER YE February 9, 1966  EXAMINER'S NAME (Type) Dr. Benedict Skitarelic, M.D. Address (Street, city, town, or county) Rt. 9Cumberland	0121	IMMEDIATE CAUSE (e)_		SKUII FFR	c tu:	re; fract	ure	OI W	eck		Suc	agen	
CONDITIONS, IT say, which gaves itse to immediate cause (a), stating the underlying cause last.  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIB	8/00			(Struck by	y Ai	uto)							
Causa (a), stating tha underlying causa last.  PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI(a)  PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI(a)  PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI(a)  PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI(a)  PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI(a)  PARTII. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI(a)  PARTII. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI(a)  PARTII. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI(a)  PARTII. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI(a)  PARTII. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIO													
20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.)   PRIMARY FOR CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.)   PRIMARY FOR CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.)   Struck by auto (Pedestrian)   20c. Time of Injury Month, Dey, Year   20d. INJURY OCCURRED   20e. PLACE OF Injury (Home, farm.) 20f. (City or town) (County) (State)   1	causa (a), undarlying cau	stating tha DUE TO											
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, officabldg., etc.)  7:10 p.m. Feb. 9 166 while Not While Industrial Blvd. Cumberland. Md. Alleg.  21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion death resulted from: Natural causes Accident X, Suicide Helper Medical examiner Chief Medical examiner Deputy Medical examiner Deputy Medical examiner February 9, 1966 NAME (Type) Dr. Benedict Skitarelic, M.D. Address (Street, city, town, or county) Rt.9Cumberland	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUT	TING TO DEATH BUT NOT	RELAT	ED TO THE TERMINAL I	DISEASE	CONDITION	GIVEN IN P	ART 1(a)		PERFOR	MED?
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, officabldg., etc.)  7:10 p.m. Feb. 9 166 work Not While at work of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion death resulted from: Natural causes Accident X, Suicide , Homicide , Undetermined manner   ACTUAL SIGNATURE S	20a. EXTERNA PRIMARY 13 or	AL CAUSE WAS CONTRIBUTING						In Part I or	Part II of	Itam 18.	)		
7:10 p.m. Feb. 9 166   While   Not While   Industrial Blvd. Cumberland, Md. Alleg.  21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Industrial Blvd. Cumberland, Md. Alleg.  21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry			S	truck by a	uto	(Pedestri	an)	06 (014), 0	- Anumà	10011	march.	16	10101
21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion death resulted from: Natural causes Accident X, Suicide , Homicide , Undetermined manner   ACTUAL SIGNATURE SIGNATURE   ACTUAL SIGNATURE   BENEAUCH   M.D. ASSISTANT MEDICAL EXAMINER TE February 9, 1966  EXAMINER'S NAME (Type) Dr. Benedict Skitarelic, M.D. Address (Street, city, town, or county) Rt.9Cumberland	20c. TIME OF		1		factory	, street, offica bldg., e	tc.)	or. (City o	town)	(Cou	iiity)	(3	(late)
death resulted from: Natural causes . Accident , Suicide ., Homicide ., Undetermined manner .  ACTUAL SIGNATURE . ASSISTANT MEDICAL EXAMINER . 22. DATE SIGNED SIGNATURE SIGNATURE . ASSISTANT MEDICAL EXAMINER FE February 9, 1966 EXAMINER'S NAME (Type) Dr. Benedict Skitarelic, M.D. Address (Street, city, town, or county) Rt.9Cumberland	7:10 p	.m. Feb. 9 1966	at work	et work	Indi	ustrial Bl	vd.	Cum	berla	nd, 1	Md.	All	eg.
ACTUAL SIGNATURE		fy that I took charge of	the rema	ins described above	, held	an Autopsy 🔀 ,	Inspe	ection x	, Inqui	ry 🔀,	and	in my	opinion
ACTUAL SIGNATURE	death resul	Ited from: Natural car	ises .	Accident .	Suici	de , Homici	de T	, Unde	ermined i	manner			
EXAMINER'S NAME (Type) Dr. Benedict Skitarelic, M.D. Address (Street, city, town, or county) Rt.9Cumberland		1	. 0	11		CHIEF MEDICA	L EXAM	INER					
Rt.9Cumberland    EXAMINER'S   Name (Type)   Dr. Benedict Skitarelic, M.D. Address (Street, city, town, or county)   Rt.9Cumberland		Denediel	-31	etareli	2	M.D. ASSISTANT ME	DICAL E	XAMINER					
		Dr. Bened	ict S	kitarelic,	М.								
REMOVAL (Specify)	23a. BURIAL, CRE	MATION, 23b. DATE THEI	REOF	23c. NAME OF CEME	ETERY (	OR CREMATORY	23d	. LOCATIO	N (City, to			(St	ate)
Burial Feb. 13, 1966 Hillcrest Burial Park   Cumberland, Md.  24. FUNERAL DIRECTOR   252. REC'D BY REGISTRAR'S SIGNATURE	Burial	Feb. 13	, 196		; Bu	rial Park	C'D BY	Cumbe	rland	Md.	S SIGN	ATURE	
James F. Scarpelli, Cumberland, Md.			, Cum		ld.				0001			-	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Page 4 may be retained by the hospital or attending physician.

executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF DEATH

11603 01656

	7-000
1. PLACE OF DEATH a. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Frostburg 0/-/
	d. STREET ADDRESS   6. IS RESIDENCE ON A FARM?
Allegany County Infirmary  3. NAME OF First Middle	RFD#2,Box 138
DECEASED	Last 4. DATE Month Day Year
	rter DEATH February 24, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED X DIVORCED	8/17/1879 8 alast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired)  Retired: Janitor  Church Janitor	Folkhowt Manyland II C
Retired: Janitor Church Janitor 13. FATHER'S NAME	Eckhart, Maryland U. S. A.  14. MOTHER'S MAIDEN NAME
William Porter	Sarah Matthews
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. ! (Yes, no, or unkown)   (If yes give war or dates of service)	INFORMANT P.O. Box 599, Addres Cumberland, Md.
	legany County Infirmary records.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ON ORGAND DEATH ONSET AND DEATH
IMMEDIATE CAUSE (a) CHARGE OF RELEVE	John our certain of the
Conditions to any which DUE TO Secree Pp (2)	articio Secerares
Conditions, If any, which gave rise to Immediate (b)	
cause (a), stating the DUE TO (3) (0) Values ()	On O
underlying cause last. (c)	Mexaels
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	
Name of the second seco	PERFORMED?
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While at work	y, street, office bldg., etc.)
	16/2066 2/21./2066
0 /00 /00//	/6/1966, 19 to 2/24/1966 , that (1) (we) last
	death occurred at
22a. SICNATURE At	ATTENDING MED. STAFF WED. 22b. DATE SIGNED
William Reus M.D.	
22c. PHYSICIAN'S NAME (Type) TAR R Methans M D	22d. ADDRESS
NAME (Type) Lee B. Mathews, M. D.	49 Greene St., Cumberland, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL_(Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Feb. 27, 1966 Eckhart Ceme	tery Eckhart, Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SICNATURE
John F. Hales and Dalla	and MATTER 2.8 1936 Ochange July
230 Balto Ave., Cumberla	and, Marie B 28 1966   Charles Judge

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10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01657	CERTIFICAT	E OF DEATH		01604
1. PLACE OF DEATH 2. COUNTY Allogar	LY MARYLAND	- 07475	E (Where deceased lived, If institution of the county of t	n: Residence before admission
b. CITY OR TOWN (if outside corporate li write RURAL and give nearest town)		c. CITY OR TOWN (If	outside corporate limits, write RU	(RAL and give nearest town)
Cumberland	12/27/1961	Cumber	land	01-1
d. NAME OF HOSPITAL OR INSTITUTION (	if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Allegany County	Infirmary	13 Lan	g Avenue	YES NO X
3. NAME DF First DECEASED (Type or print) Heler	Middle Parthenia	Last Reed	4. DATE Month DF DEATH February	Day Year 7 6. 19 66
5. SEX 6. COLOR OR RACE 7.	MARRIEO NEVER MARRIED	8. DATE OF BIRTH	19. AGE (In years LIFUN	DER 1 YEAR HE UNDER 24 HRS
22. 2 22.41	WIDOWED OIVORCED	11/1/1889	76 yrs. Mont	hs Days Hours Min.
loa. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) Housewife	e 10b. KIND OF BUSINESS OR INDUSTRY	Cumberla	unty & State, or foreign country) 12 nd, Maryland	2. CITIZEN OF WHAT COUNTRY?  U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
Henry Sn	nyder	Emma	Kirtley	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown)   (If yes give war or dates of ser	AICELI	INFORMANT B.O.		mberland, Mo
No	2.0020	llegany Co	unty Infirmary	records.
18. CAUSE DF DEATH [Enter only one call part I. DEATH WAS CAUSED BY: [IMMEDIATE CAUSE (a)]  260 X OUE TO( Conditions, If any, which gave rise to immediate (b).	Drysendiles @	badeger rais, g	facienal	INTERVAL BETWEEN ONSET AND DEATH
cause (a), stating the underlying cause last.	3.517704			
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF LITHER, NOTIFY MEDICAL EXAMINER:				PERFORMED?
	20b. DESCRIBE HOW INJURY OCC	URREO. (Enter nature of	injury in Part I or Part II of Item	18.)
ZOC. TIME OF INJURY Month, Day, Year Hour a.m. 19		ACE OF INJURY (Home, fail ory, street, office bldg., et	rm, 20f. (City or town)	(County) (State)
21. I certify that (I) (this hospital	) attended the deceased from 1	2/27/61, 19	, to 2/6/66, 1	9, that (I) (we) las
saw the deceased alive on 2/5			M, from the causes and o	
22a. SIGNATURE MULLALLA	ws M.	O. PHYS.	Med. STAFF 22b	7/1966
PHYSICIAN'S NAME (Type) Ice B. 1	Mathews, M. D.	22d. ADDRESS 49 Gree	one St., Cumbe:	rland, Md.
23a. BURIAL, CREMATION, 23b. OATE THEI REMOVAL (Specify)  Burial  Feb. 8.		al Park	Near Cumberla	nd, Md
24. FUNERAL DIRECTOR	AOORESS		D BY REGISTRAR   25b. REGIST	RAR'S SIGNATURE

Md

VR A15 (4) 20M 1/65

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7	01658		CERTIFICA	ATE OF DEATH		010	605		
	PLACE OF DEATH  o. COUNTY  Allegany  MARYLAN  b. CITY OR TOWN (If outside corporate limits.  I c. LENGTH OF STAY IN 1			o. STATE Md.	Where deceosed lived, if institute. b. COU	Alleg	gany		
	write RURAL and give nearest town)		63 Yrs.	Western		0	1-1		
5	d. NAME OF HOSPITAL OR INSTITUTION (I	f not in hospital,	give street oddress)	d. STREET ADDRESS  Riordan	Rd.		e. IS RESIDENCE ON A FARM? YES NO		
	3. NAME OF DECEASED (Type or print)  Doris	First	Middle Adeline	lost Riggloman	4. DATE Mor	nth Do	oy Year 19 66		
	S. SEX 6. COLOR OR RACE White	7. MARRIED WIDOWED		B. DATE OF BIRTH  Jan. 26, 190	9. AGE (In years lost pirthdoy) 4 yrs.	Months Doys	IF UNDER 24 HRS.		
	10o. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)		KIND OF BUSINESS OR NDUSTRY Wn Home	11. BIRTHPLACE (County	& Stote, or foreign country) Maryland	12. CITIZEN COUNTRY	12		
	13. FATHER'S NAME  Frank Metz			14. MOTHER'S MAIDEN  Sarah La					
	15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes give wor or dot	es of service)	. SOCIAL SECURITY NO.	17. INFORMANT Alonzo Riggl	•man -Western		•		
	Conditions, if ony, which gove	1	er (g). (b), god (c).) Contraction Oronary	fibrillation	Slase		NTERVAL BETWEEN ONSET AND DEATH PRINCES OF		
0	PART II. OTHER SIGNIFICANT CONDITION	rellitus			TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES NO				
		205. D	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of item 18.)				
	20c. TIME OF INJURY Month, Doy, Yeo Hour a.m. p.m.	While		PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)		(County)	(Stote)		
	21. I certify that (I) (this haspital) ottended the deceased fram 2 12, 1965, to 2/15, 1966 that (I) (we) las saw the deceased olive on 20, 10 1966, ond that death accurred of 4:30 M, from couses ond on the dote stated above 220. SIGNATURE  M.D. ATTENDING MED. STAFF 22b. DATE SIGNED PHYS.								
	22c. PHYSICIAN'S NAME (Type) Phillip	G. Stag	gers	22d. ADDRESS Keyser,		- Oyl	177		
	230. BURIAL, CREMATION, PEMOVAL (Specify) 2/19		23c. NAME OF CEMETERY Philos	OR CREMATORY	23d. LOCATION (City or I		(Stote) Md.		
	24. FUNERAL DIRECTOR	•	Westernport,			REGISTRAR'S SIGNAT			

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. Poge 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

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L. Mariella			gureID.			
	(Jecquiotsol)		ประชุญเลยได้ขึ้น			
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H- 8 Fm 383-11/3/8 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY West Va. Allegany MARYLANO Department after death. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cumber Land c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 days Petersburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS 2, and 3 to Page State Memorial Hospital 300 First NAME DE Middle DATE Last Month DECEASED RIGGLEMAN MARY (Type or print) DEATH February EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form 6. COLOR OR RACE 7. MARRIED NEVER MARRIED OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months | Oeys WIDOWEO OIVORCEO [7] 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Housewij pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service) Memorial Hospital -- Cumberland, Md. 18. CAUSE OF DEATH [Entar only one cause per lina for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: a burlal-transit cremation, or Gangrene of Bowell IMMEDIATE CAUSE (e) DUE TO Mesenteric Thrombosis Conditions, If any, which gave rise to immediate DUE TO cause (e), stating the Arteriosclerosis 9 underlying cause last. used as to burial PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should tagent, prir Fell at home MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) factory, street, office bldg., etc.) Jan 199 68 at work at work Petersburg. Grant. W. Va. DIRECTOR: Page or its designated a Home X. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X. Natural causes Accident . Undetermined manner death resulted from: Suicide Homicide CHIEF MEDICAL EXAMINER

for your FUNERAL DI director. retained 0

> VR AISME (5) 1/65

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**EXAMINER'S** 

NAME (Type)

BURIAL, CREMATION, 1 23b.

REMOVAL (Specify)

24. FUNERAL DIRECTOR

SKITARELIC, M.D. NAME OF CEMETERY OR CREMATORY DATE THEREOF

Address (Street, city, town, or county) CUMBER LAND, MD. 23d, LOCATION (City, town or county)

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

DEPUTY MEDICAL EXAMINER X February 9. 1966

Grant

Day

12. CITIZEN OF WHAT COUNTRY?

(County)

e. IS RESIDENCE ON A FARM?

YES X NO

INTERVAL BETWEEN ONSET AND DEATH

davs

WAS AUTOPSY PERFORMED?

(State)

and in my opinion

22. DATE SIGNED

Year

66 19

ASSISTANT MEDICAL EXAMINER

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	5	No.	al miller	
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH funerol l ond 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH GARRETT o. COUNTY MARYLAND b. COUNTY ALLEGANY ve corbon papers. Poges 1 event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Write RUPAL and give nearest town) GRANTSVILLE 5 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? .⊆ RT. 2 BOX 100 SACRED HEART HOSPITAL YES NO 3. NAME OF ove corbon First Middle 4. DATE Month RODEHEAVER DECEASED 16 FRANK 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** birthdoy) Hours 9-30-1900 MALE WHITE WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? S INDUSTRY GARRETT MD. Retired Laborer physic, nen ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo BITTINGER MARGUERITE ALLEN RODEHEAVER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war ar dates of service) 2 GRANTSVILLE SELF NO buriol, cremotion, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYELOGENOUS IMMEDIATE CAUSE (a) 3 MON DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying cause os the prior to last. 19. WAS AUTOPSY PERFORMED? hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Health NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Stote Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) this ( 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Not While at work at wark **DIRECTOR:** After pe 21. I certify that (1) (this hospital) attended the deceased fram  $Q \sim 1/2$ , 19 66, to 2-16 19 65 that (1) (we) last 2-16 19 66, and that death accurred at 5 AM, from causes and an the date stated above. saw the deceased alive an\_\_\_\_ 22b. DATE SIGNED 22o. SIGNATURE director, poy M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) 126 N. Smallwood St., Cumberland, Md. C. Spiggle. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF BURIAL CREMATION. 23d. LOCATION (City or Town) REMOVAL (Specify) ttinger, Garrett, Md. 2 Bittinger Cemetery Buria 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. PUNERAL DIRECTOR VR A15 (4) 20 M 1/66

24 hours after deoth

The low requires that the deoth certificate be executed within

be retoined by the hospitol or ottending

Page 4 may 1

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01863	TA	CERTIFICAT	7/0///	1.	01608
b. CITY OR TOWN	GANY I (If outside corporate limits, and give nearest town)	MARYLAND  c. LENGTH OF STAY IN 1b	a. STATE RYL	AND b. co	institution: Residence before admission) UNITY ALLEGANY write RURAL and give nearest town)
d. NAME OF HDS	THE RESERVE AND ADDRESS OF THE PARTY OF THE	hospital, give street address)	FROSTBU d. STREET ADDRESS 260 E MA	IRG	e. IS RESIDENCE ON A FARM? YES ND
3. NAME DF DECEASED (Type or print)	MR. JOHN A	RUGE	Last  8. DATE OF BIRTH	DEATH FEB	nth Day Year  23/ 24, 19 66 rs   IF UNDER 1 YEAR   IF UNDER 24 HRS.
5. SEX M  1Da. USUAL OCCUPAT	6. COLOR OR RACE 7. MARRII WHITE WIDDWI ON (Give kind of work done   10b	ED DIVORCED	11/5/97	last birthday yrs. ounty & State, or foreign coun	Months Days Hours Min.
RETIRED MI 13. FATHER'S NAMI	NER CC	DAL MINES	ECKHART,	EN NAME	U.S.A
15. WAS DECEASED E	(If yes give war or dates of service)	4	FRANCES INFORMANT EMORIAL HO		BERLAND. MD.
PART I. DE  / C / I  Conditions, If a gave rise to cause (a), st underlying causi	Immediate DUE TO	r line for (a), (b), and (c). I nea, intracroni with plo brain bably nuttastasi	alpessur alpessur c carcinomes	e. Imidlo ear	INTERVAL BETWEEN ONSET AND DEATH
ZOA. ACCIDENT		DESCRIBE HOW INJURY OCCU	- 1.		PERFORMED? YES ND
ZOC. TIME OF I Hour a.m	. Wh	ile Not While facto	ACE OF INJURY (Home, fa ory, street, office bldg., e	erm, 20f. (City or town)	(County) (State)
	inte Mr. Valls	nded the deceased from 19, and tha M.I	D. PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS. [	es and on the date stated above.    22b. DATE SIGNED   FEB. 28, 1966   CUMBERLAND. MD
23a. BURIAL, CREM REMOVAL (Spe BURLAL  24. FUNERAL DIRE	ATIDN, 23b. DATE THEREOF CITY) FEB. 28 166	23c. NAME OF CEMETER  ST. MICHAEL  ADDRESS	Y OR CREMATORY	23d. LOCATION (City) FROSTBUI	, town or county) (State)

VR A15 (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

ATTACK OF JAT 1920H J. DIERES .011 . FRANCOS -A 164 SER M. E30XARR STE-U-STA SERVETTE POSTITUE GURESELAND, HES Harrie Comment of the Party DR. N. VALLS . OM . OMALES EN LO . TO SET NET . & AS ES TOTAL TERMINAL TOTAL STREET, TOTAL STREET, STR of the constitute, along the constitute, but

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. funeral Seath A TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f director, page 3 should be detached for use as the burial-transit permit. Then please remove driven papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01862 CERTIFICATI	E OF DEATH	01609
1.	PLACE OF DEATH a. COUNTY ALLEGANY  B. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  C. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceased lived, If institution: R  a. STATE MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL LONACON ING. MD.	IY
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  MEMORIAL HOSPITALAL	d. STREET ADDRESS 18 JACKSON ST.	e. IS RESIDENCE ON A FARM? YES NO
3.	(Type of printy		6 19 66
	MALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years   FUNDER last birthday) 74 yrs.   Months	Days Hours Min.
	B. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY  Retired Miner  FATHER'S NAME  MALE LAM DUSCELLE	MARYLAND U	ITIZEN OF WHAT DUNTRY?
	WILLIAM RUSSELL  S. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unkown) (If yes give war or dates of service) Yes War # 1  16. SOCIAL SECURITY NO. 17. 216-05-2956	JANET HERON INFORMANT Address MEMORIAL HOSPITAL	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  (c)  Cause for DEATH [Enter only one cause per line for (a), (b), and (c).]	ations of signoid wolon	INTERVAL BETWEEN ONSET AND DEATH  I // week  I // month
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE Hypotlatic preumonia - both lun 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		19. WAS AUTOPSY PERFORMED? YES NO 1
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor 20c.	ACE OF INJURY (Home, farm, 20f. (City or town) (Coupry, street, office bidg., etc.)	unty) (State)
	21. I certify that (I) (this hospital) attended the deceased from_/	t death occurred atM, from the causes and on t  ATTENDING MED. STAFF DIRECTOR PHYS. 22b. PHYS. DIRECTOR PHYS.	that (I) (we) last the date stated above.  OATE SIGNED  7 /6 6  CRLAND, MD.
238	Burial 2/19/1966 St. Marys FUNERAL DIRECTOR  Burial 2/19/1966 St. Marys ADDRESS	Longconing M	n .
)	GEORGE ETCHHORN Longconing. I	MD. Loute B 2 1 1964 Mclian	10.0.10

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COMMERCAND STATE LONG CONTROL NO. 10. MCHORIAL HOSPITAND

MELLINE DE LA FRANCISIO

TE JECKSON ST.

CLINION 6. RUSSELL C. FEB. 16

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MOSSH . FSMAL

DI. THOMAS F. LEWIG SOO GREENE ST. CUMBERLAND, MD.

THE CO. Larva Commence Lance Co. Janes Commence Lance Co., No.

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an completely filled in by the funeral process and and a carbon papers. Pages 1 and 2 and yeart, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIECO CERTIFICATE OF DEATH

01000	L OI DEATH	
1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Real STATE MD b. COUNTY A	
ALLEGANY	a. STATE MD. b. COUNTY AL	LEGANY
b. CITY DR TDWN (if outside corporate limits,   c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL	and give nearest town)
CUMBERLAND give nearest town) 2DAYS	CUMBERLAND	01-1
d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
SACRED HEART HOSP.	407 CUMBERLAND ST.	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) ANNA M. SA	LYARDS DEATH 2-6-1966	19
5. SEX   6. CDLOR OR RACE   7. MARRIED   NEVER MARRIED   8	B. DATE DF BIRTH 9. AGE (In years   IFUNDER:	Days Hours Min.
FEMALE WHITE WIDDWED TO DIVORCED	1-29-1889 77 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	CD	TIZEN DF WHAT UNTRY?
during most of working life, even if retired) Housewife  NDUSTRY Own Home	Winchester, Va Maria.	U.S
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
David Lewis (DEC.)	Mettie Kirby	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	CHART &DAUGHTER SAME AD	DRESS
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ing of ailme	DNSET AND DEATH
IMMEDIATE CAUSE (a)		- carif
Conditions, If any, which ) DUE TO arterioseleratre	Cardro-manulur Disusse	5 MW
gave rise to immediate	000000000000000000000000000000000000000	-
cause (a), stating the DUE TO underlying cause last.		
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTDPSY
Denuralized Caremonatoris	- · · · · · · · · · · · · · · · · · · ·	PERFORMED?
2Da. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)	YES NO
☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of many in Part 1 of Part 11 of Item 18.)	
3 20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLAC	CE DF INJURY (Home, farm,   20f. (City or town) (Cour	nty) (State)
20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLAC   factor   p.m.   19   at work   at work   2Dd. INJURY OCCURRED   20e. PLAC   factor   2Dd. INJURY OCCURRED   20e. PLAC   2Dd. INJURY OCCURRED   2Dd. INJURY OCCUR	ry, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	4 Feb 1966 to 6 Feb 196	6, that (I) (we) last
saw the deceased alive on 6 Fut. 19 66, and that	death occurred atM, from the causes and on the	
22a. SIGNATURE	22b. DA	TE SIGNED
James D. Stegmanin M.D.	ATTENDING MED. DIRECTOR PHYS.	et 66
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	and Ma
James G. Stegmaier, M.D.	122 S. Centre St., Cumberl	and, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	C	nty) (State)
Burial (Specify) Feb. 9, 1966 Sunset Memor	ial Park Cumberland, Md.	
24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Ma	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	//
dames 1. Scar pertr, oumbertand, 110	DAFFEB 14 1966 Johnson	Judge

1/65 VR AIS 2DM 1/

WISIG. 4 - 7 35405 TERRITARIOS TOP SACRED WEAVE HOSP. Services 1 2-1 1 3errouses AIMA . Sa , book time to Valley and the second of the second

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay — necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. State Department hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the of Health or its designated agent, prior to burial, cremation, or removal, and in any event within-72 is

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY						USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)     a. STATE						
_	- 017/ 02 70	Allegany /N (If outside corporate II and give nearest town)		MARYLA		M	arylar	nd	A]	legan	У	
	write RURAL	(N (If outside corporate II and give nearest town)	mits,	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN	(If outside	corporate	ilmits, wr	ite RURAL	and giv	e nearest town
10	Li	ttle Orleans		Years		Li	ttle (	Orlean	ns		01	-/
	d. NAME OF HO	SPITAL OR INSTITUTION (I	f not in ho	spital, give street addr	ress)	d. STREET ADDRE		4. <b>-</b>				IS RESIDENC ON A FARM? ES NO
3.	NAME OF DECEASED	First		Middle		Last	4. D.	ATE	Mont	h	Day	Year
1	(Type or print)	William	n	P.		Shipley DATE OF BIRTH		EATH -	ebrus	rv	8	1966
7	SEX	6. COLOR OR RACE 7.	MARRIED [	NEVER MARRIED	3 8	DATE OF BIRTH		9. AGE last	(In years birthday)	IF UNDER 1	YEAR Days	FUNDER 24 HR Hours   Min.
	Male	HILL OF	VIDOWED	L-1	A	pril 16.	1875					
10 du	a. USUAL OCCUPAT ring most of work	TION (Give kind of work done ing life, even if retired)	10b. KI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE	(State or	foreign co	untry)	12. CI	TIZEN ( UNTRY	F WHAT
	Farme		Self	Employed		Marylan	d			II.	SI	
13	. FATHER'S NAM	IE	3 30			14. MOTHER'S M.	AIDEN NAN	/IE				
		Samuel	Shin	037		Mos	ncy Po	++a				
1	5. WAS DECEASED	EVER IN U.S. ARMED FORCE	S?   16. S	SOCIAL SECURITY NO.	17.	INFORMANT	HCY_FI	Jula	Addre	SS		
(Y		(If yes give war or dates of ser		0 1/ 0000								
=	No.	DEATH FEMALES OF STREET		20-46-2827		lney Whit	field		Littl	e Orl		NO BETWEEN
		DEATH [Enter only one ca EATH WAS CAUSED BY:	use per III								ONSI	T AND DEATH
	1 -	IMMEDIATE CAUSE (a)_		Coronar	y	Occlusion					2	udden
	Gonditions If any which \ Coronary Sclerosis											
	Conditions, If			Coro	nar	nary Sclerosis						
	gave rise to cause (a), s									-		
	underlying cau											
S	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBU	TING TO DEATH BUT NOT	TRELAT	ED TO THE TERMINA	AL DISEASE	CONDITIO	N GIVEN IN	PART 1(a)	19.	WAS AUTOPSY
CATI	- F										YE	PERFORMED?
CERTIFICATION	20a. EXTERNA PRIMARY OF CAUSE OF DEA	L CAUSE WAS CONTRIBUTING [] TH.	20b. D	ESCRIBE HOW INJURY	OCCU	RRED. (Enter nature	e of injury	In Part 1 c	or Part II o	of Item 18.)		
EDICAL	Hour a.	INJURY Month, Day, Yea m. 19	While at work	Not While		E OF INJURY (Home y, street, office bldg		Of. (CIty	or town)	(Cour	nty)	(State)
Z		y that I took charge of			e hele	an Autonsy	Insne	ection 🚾	l lpar	iry 🗶,	and	in my opinio
				person					etermined			m my opimie
	death result	ted from: Natural ca	uses box	, Accident,	2010		nicide		etermine	Manne		
1	ACTUAL	18 ,	1 10-	1-11		CHIEF MEDI					22	DATE SIGNE
	SIGNATURE	serudust	VIE	larelie		_M.D. ASSISTANT DEPUTY ME						
	EXAMINER'S NAME (Type)	BENEDICT S	KITAR	ELIC, M.D.		DEPUTY ME Address (St	reet, city,	town, or c	oun Cum	berlar	id,	Md.
23	a. BURIAL CREE	MATION, 23b. DATE THE	REOF	23c. NAME OF CEM	ETERY					own or cou		(State)
	Burial (Sp	Feb. 10.	1966	Fairview C	hri	stian Ceme	eterv	Art	emas.	P	enna	
2	4. FUNERAL DIR			ADDRESS	-	2522	REC'D BY	REGISTRAF	25b. R	EGISTRAR'	SSIGN	ATURE
1	John J.	Hafer m	0-744-	nore Ave., (	3. m. 2			1966	1 90	Carla	1 Que	de
1 /	1	230	DELITIBE	HOLE WAS .		AT TOTTO DAILE	- Albert 11	1000	1 /	-	1	1

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH () 1 6 1 9

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Pac	NEB d. p	
HO	F. Self	
0	D To &	
	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending providen and completely filled in by, the funeral signed by the attending providence of the state of detached for use as the burial-transit permit. Then please the carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any went, within 72 hours after death.	(4)
	IDM /	-02

01000	CERT	IFICATE OF I	JEAIN		17075
PLACE OF DEATH		2. USUAL	RESIDENCE (Where daceas	ed lived, If institution, Resi	dence before admission)
ALLEGANY	MA	a. STATE	MARYLAND	ALLEC	ANY
b. CITY OR TOWN (if outside corporate write RURAL end give nearest town)	imits, c. LENGTH OF	TAY IN 16 c. CITY O	R TOWN (If outside corporate	limits, write RURAL and gi	va nearast lown)
FROSTBURG	30 YEAR	RS 1	FROSTBURG		01-1
d. NAME OF HOSPITAL OR INSTITUTIO					e. IS RESIDENCE ON A FARM?
131 Washin	gton Street		131 Washing	ton Street	YES NO DO
3. NAME OF DECEASED	irst Middle	Last	4. DATE	ton Street	ley Yeer
	BEL VIRO	INIA SIGLI	DEATH m	EBRUARY 10.	19 66
5. SEX 6. COLOR OR RA	CE 7. MARRIED NEVER MAR	RIED B. DATE OF BIRT	H 9. A	GE (In years   IF UNDER 1 YES	AR IF UNDER 24 HRS.
FEMALE WHITE	WIDOWED DIVOR	CED OCTOBE		yrs. Months Day	rs Hours Min.
IOa. USUAL OCCUPATION (Give kind of videne during most of working life, even if re	ork 10b. KIND OF BUSINESS	OR INDUSTRY 11, BIRTHPL	ACE (County & State, or forei	ign country) 12. CITIZE	N OF WHAT COUNTRY?
HOUSEWIFE	OWN HOME	ALTO	DNA. PENNA.	U.S.	Α.
13. FATHER'S NAME			S MAIDEN NAME		
JAMES GATES		LEG	ORA CRITCHE	IELD	
<ol> <li>WAS DECEASED EVER IN U.S. ARMED I (Yes, no, or unkown)   (Ifyesgive war or dates</li> </ol>		NO. 17. INFORMANT		Address FROST	BURG, MD.
NO	NONE	MR. EVAN	SIGLER.131	WASHINGTON	I ST.
18. CAUSE OF DEATH [Enter only		d (c).]			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE		acture			memonth
170 X DUE	10 2 0 14		1		1
Conditions, if any, which	(b) Metasta	tu carre	nona fro	m	1/2400
geve rise to immediate ceuse (e), steting the underlying	TO 0 1	0 0			
cause last.	(c) right.	treast			
PART II. OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DI	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 10	19. WAS AUTOPSY PERFORMED?
TATE OF THE PARTY					YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ŤН	RY OCCURED, (Enter neture o	finjury in Pert I or Pert II of i	item 1B.)	
20c. TIME OF INJURY Month, Dey,	Yeer   20d. INJURY OCCURRE			town) (County	) (Stete)
Hour a.m.	While Not While et work	factory, street, office	bldg., etc.)		
p.m. 1	,	and tran Dadles	20, 1964, 10	Ich 10 1061	S that (1) (wa) last
21. I certify that (I) (this ho saw the deceased alive on	- n	- 1/	red at M, from the		
22a. SIGNATURE	, D				22b. DATE
I thomas t	Jensis M	M.D. PHYS.	MED.	STAFF PHYS. \	-11166 SIGNED
22c. PHYSICIAN'S	70-011		DRESS		1
NAME (Type) THOMA	S F. LEWIS. M	.D. 500	GREENE ST.	CUMBERLAND	MD.
23a. BURIAL, CREMATION, 23b. DATE	HEREOF   23c. NAME OF	CEMETERY OR CREMATOR		ON (City, town or county)	(Stata)
BURIAL (Specify) FEB.1	3.1966 SUNSET	MEMORTAL I	PARK CUMBER	RIAND MI	)
24 FUNERAL DIRECTOR'S SIGNATURES.	ADDRESS	TIO O 3/D	250 REC'D BY REGISTRA	R 25b. REGISTRAR'S SIG	NATURE
HAFTER FUNERAL HO	MI GO W MATI	SURG, MD.	DAFEED 16 198	56 Jackenler	Judge
					73 71

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please refrowe carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peatter.

> VR A15 (4) 15M 4-64

			MARYLAND	STATE DEI	PARTM	ENT OF	HEALTH			
	<b>DIVISION</b>	OF STATISTICAL	RESEARCH AN	ID RECORDS	, 301 W.	PRESTON	STREET,	BALTIMORE	1, MARY	LAND
3-5	200		OFI	TIPLOAT	COF	DEATH				

01000	CERTIFICATI	E UF DEATH		01613
1. PLACE OF DEATH		2. USUAL RESIDENCE	E (Where deceased lived, If Institution: R	esidence before admission)
a. COUNTY		a. STATE	b. COUNTY	
Allegany	MARYLAND	Maryland	Allegan	y and also accord town
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURAL	and give nearest town)
Cumberland	64 Years	Cumberland		01-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
3 Evergreen Terrace		3 Evergree	n Terrace	YES NO S
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) Thomas	YE .	Simon	DEATH February	20 1966
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED [	B. DATE OF BIRTH	9. AGE (In years IFONDER last birthday) Months	Days Hours Min.
Male White WIDOWED	DIVORCED 1	Dec. 29 1901	64 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Con	unty & State, or foreign country) 12. C	ITIZEN OF WHAT DUNTRY?
Painter B&O	Railroad	Cumber 1 and	Maryland U.	S.A.
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
William Simon		20	+ Norton	
15. WAS DECEASED EVER INU.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 1 17.	INFORMANT	Address	
(Yes, no, or unkown) (If yes give war or dates of service)				
10		Hellen Simo	n 3 Evergreen I	'errace
18. CAUSE OF DEATH [Enter only one cause per l	ine for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	coronary Ocel	usion		1 day
	01011011	0.02		
DUE TO		Afa Hannt	Diagona	1 7770
Conditions, if any, which gave rise to immediate (b)	rteriosclero	tic Heart	DISease	4 yrs.
cause (a), stating the DUE TO				
underlying cause last. (c)	liabetes mell	itus	3-12-3-14-3	3 vrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY
N				PERFORMED?
Generalized a	rterioscler C	SIS	Injury In Part I or Part II of Item 18	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE  Generalized a  Concontributing Contributing Contribution Contributions  Generalized a  20a. accident was underlying Contributions  Generalized a  20b. Contribution Contributions  Contributions		RRED. (Enter nature of	mjuly in rate 1 of rate 11 of itom 10	<b>"</b>
20c. TIME OF INJURY Month, Day, Year   20d.	NONE NJURY OCCURRED   20e. PLA	CF OF INITIRY (Home far	rm, 20f. (City or town) (Cou	inty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. While p.m. None 19 at wor	facto	ry, street, office bldg., et	c.)	,
p.m. None 19 at wor				
21. I certify that (I) (this hospital) attend	ed the deceased from Fe	b. 26. 19	62 to Feb. 20,196	6, that (I) (we) last
saw the deceased alive on Feb. 20	19 66 and that	death occurred at9	2.0M. Pain the causes and on t	he date stated above.
22a. SIGNATURE	a did that	douth occarron up-	22b. D	ATE SIGNED
Vand to Vaccina	n m4		MED. STAFF D 9	2-66
22c. PHYSICIAN'S	M.D	D. PHYS. D. D. 22d. ADDRESS	IRECTOR PHYS. 2-2	2-00
22c. PHYSICIAN'S NAME (Type) ames P. Halli	nan M.D.		ford St.Cumberla	nd .Md .
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME DF CEMETERY		23d. LOCATION (City, town or co	
Burial Feb. 23, 196	A SS Datas o 1	Paul	Cumbon land Ms	arvland
Burial Feb. 23, 196	6 SS Peter & I	Paul   25a. REC		'S SIGNATURE
	0	I FFI		es Judge
Louis Stein Inc.	Cumberland Md	DATE	N X 1004 1	9-0

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Artill Lieb. 25, 1965 No. Peter & Fenil Lieber Company of Lot 100

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TO HOSPITA. ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please refuse arbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7.2 hours after death.

VR A1S (4 15M 7-62

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
() 1614 01663

1.	PLACE OF DEATH					CE (Where deceased lived,		nce before edmission)
	ALLE(	LANV		MARYLAND	e. STATE	VI AND b. CO	YTAL YTAL	CANV
-	b. CITY OR TOWN (if		its.	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (I	f outside corporete limits, w	rite RURAL end give	neerest town)
	write RURAL end	give nearest lown)						
-		BURG				.D.1, Box 3	33, FRUS	e, IS RESIDENCE
	d. NAME OF HOSPII	AL OK INSTITUTION	it not in hosp	itel, give street eddress)	d. STREET ADDRESS			ON A FARM?
	MINE	RS! HOSP	LAT		WRI	GHTS CROSS:	ING	YES NO
3.	NAME OF DECEASED	First		Middle	Lest	4. DATE Mo	nth Dey	Yeer
	(Type or print)	MARS	7	ELLEN	SMITH	DENETT	JARY 28.	1966
5.	SEX			NEVER MARRIED   8	DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR	
Ter	EMALE	WHITTE	WIDOWED		ANUARY 22.	1903 63 yrs.	Months Deys	Hours Min.
10	a. USUAL OCCUPATI	ON (Give kind of wor	k   10b. KII	ND OF BUSINESS OR INDUSTR		1707	y)   12. CITIZEN	OF WHAT COUNTRY?
de	one during most of wor	king life, even if retire	ed)					٨
12	HOUSEWII	TE .	UV	VN HOME	14. MOTHER'S MAIDEN	NIAME	U.S.	A
1,3		MO DOWAT	-					
		MC DONAL				H MC GRADY		
15 (Y	es, no, or unkown)   (If	R IN U.S. ARMED FOR vestive were released.	RCES? 16. S	SOCIAL SECURITY NO. 17. 1	NFORMANT	Addr	FROSTBU	RG. MD.
	NO			MR.	JAMES L.	SMITH. R.D.	D.1.BOX	33
	18. CAUSE OF D	EATH  Enjer only on	e cause per li	ne for (e), (b), end (c).]	1 1	, ,	11	NTERVAL BETWEEN
15		MAS CAUSED BY:	Bi-	lateral	the line	any Telore	Des.	24 lars
	123	1	-13-1	1	picerian	and I for		1
1	700-0	DUE TO	100	1.000		0+		24000
	Conditions, if eny	100	a	nonce?	myacas	acces	-	pars
	(a), steting the un	DILL TO	)		0		10000	0
	couse last.	) (c	)					
N	PART II. OTHER	SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION C	SIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION	100000							YES NO X
F	20e. ACCIDENT WA		20b. DESC	RIBE HOW INJURY OCCURED	. (Enter neture of injury In	Pert I or Pert II of item 18.)		
ű	(IF EITHER, NOTIFY	CAUSE OF DEATH						
13	20c. TIME OF INJUI	RY Month, Dey, Ye	er   20d. II		CE OF INJURY (Home, fern		(County)	(Stete)
MEDICAL	Hour e.m.		While	THOI WILLIAM	ory, street, office bldg., etc	.)		
X	P.1	19	et work		1 10	100 7 7	6)	
				led the deceased from.				
	saw the deceas	ed alive on	2-25	19.6., and that	death occurred a	from the cause	s and on the d	ale stated above.
	220. SIGNATURE	7/0	0	0 0 0	ATTENDING	MED STAFF		22b. DATE SIGNED
,		MC	100	ole & M		DIRECTOR PHYS.		22/11
	22c. PHYSICIAN'S	011			22d. ADDRESS			9
	NAME (Type)	H.C. DIE	EHL, 1	M.D.	39 WEST	MAIN STREE	ET, FROST	BURG M.
23	e. BURIAL, CREMATIC		REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	lown or county)	(Stete)
7	REMOVAL (Specify)		1966	CM MTGT	CEM.	ED Can RIIDa	3600	
L	SUNIERAL MARCHAN	MARCH3	, 1700	ADDRESS		FROST BURG	PEGISTRAR'S SIGN	XLAND
1 24	TUNERAL PINE COR	Loy 111. Lou	reso	FROSTBURG	MD MAD	7 1066	Charles	ubgu
	HAFER FU	NERAL HO	ME. 6	O W MAIN'S	DATE	10001	1	0

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

C AN		01668	CERTIFICATE	OF DEATH	01615
the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and 2 nation, ar remaval, and in any event, within 72 haurs after death.		PLACE OF DEATH o. COUNTY Allegany	· MARYLAND	o. STATE Maryland	lived, if institution: Residence before admission) b. COUNTY Allegany
by the Page aurs a	L	b. CITY OR TOWN (If autside corporate limi write RURAL and give nearest tawn) Lonaconing	2 Years	Barton	imits, write RURAL and give nearest town)
lled in papers. in 72 h		d. NAME OF HOSPITAL OR INSTITUTION (If n		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO X
etely fill arban p nt, withi			irst Middle	Lost 4. DATE OF DEATH	Month Day Year February 7, 1966
d campi mave c		SEX 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. A April 8, 1887 78	GE (In years of the life under 1 year of the life under 24 Hrs. Months Days Hours Min.
asse re	10c	i. USUAL OCCUPATION (Give kind of work done ing most of warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY  Coal Mines	11. BIRTHPLACE (County & State, or foreig Maryland	n country)  12. CITIZEN OF WHAT COUNTRY?
hen ple naval,		FATHER'S NAME Martin Sny		14. MOTHER'S MAIDEN NAME Char	lotte Green
ermit. T	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dotes	of service) 10 SOCIAL SECURITY NO. 17.	INFORMANT Lonel Clark E	Address arton, Maryland
signed by burial-tran burial, crer		Canditians, if any, which gave	100.1	Ischemia stir CV Dissa	INTERVAL BETWEEN ONSET AND DEATH SYMPLES
certificate has been hed far use as the or. af Health prior ta	CATION		CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN II	N PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
o o	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Part II	of item 18.)
State Dept. af	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19	While - Not While - fact	CE OF INJURY (Hame, farm, 20f. (Clary, street, affice bldg., etc.)	ity or town) (Caunty) (State)
T (1)		saw the deceased alive an	spital) attended the deceased fram	, 19 <u>60</u> , ta_ t death accurred at <u>ZA</u> M, f	ram causes and an the date stated abave
page 3 e filed v		22c. SIGNATURE  22c. PHYSICIAN'S NAME (Type) Leslie	niles from	22d. ADDRESS	STAFF 22b. DATE SIGNED 2 - 7.66  Ranyland
director, shauld b	230	D. BURIAL, CREMATION, REMOVAL (Specify) Burial 2/9/66		CREMATORY 23d. LOCAT	ON (City or Town) (County) (State)  Mills Allegany Md.
S A 15 (4)	24	FUNERAL DIRECTOR	Westernoort m	250. REC'D BY REGISTRAR DATE = B 1 1 19	25b. REGISTRAR'S SIGNATURE

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AND EAST OF STANDER AND AND THE STANDER OF THE STAN

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and wrany event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH O1669 OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DR. R.J. WILLIAMS CERTIFICATE OF DEATH

1. PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a. STATE b. COUNTY
ALLEGANY MARYLAND	a. STATE WEST VIRGINIA MORGAN
b. CITY DR TOWN (if outside corporate limits,     c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) CUMBERLAND 2 DAYS	DAW DAW
d. NAME DF HOSPITAL DR INSTITUTION (if not in hospital, give street address	DAW PAW  d. STREET ADDRESS  e. IS RESIDENCE
MEMORIAL HOSPITAL	ON A FARM?
3. NAME OF First Middle	Last   4. DATE Month Day Year
DECEASED (Type or print) RAYMOND H.	SNYDER DEATH FEBRUARY 9 19 66
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	7-13-1901   last birthday) Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RETIRED B. & O. R.RCO.	OKONOKA. W.VA. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL SNYDER	LAURA MALCOLM
	INFDRMANT Address
No (16 yes give war or dates of service) 705-05-9263 M	EMORIAL HOSPITAL-CUMBERLAND, MD.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET, AND DEATH
PART I. DEATH WAS CAUSED BY:	ythreen treng 14his
4201 DUE TO 100	10 0 10
Conditions, If any, which \ (b)	Or CAR
gave rise to Immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CCAT	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE  2Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
2Dc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. Pl	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ZDc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. Pl fac while at work 19 at work 19	the trucket ally 116
21. I certify that (I) (this hospital) attended the deceased from	1/3/60 119 to 2/9/66 19 that (1) (we) last
06/	at death occurred at 30M. from the causes and on the date stated above.
2a. SIGNATURE	22b. DATE SIGNAD
1 Millelling M	D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIVIDED
22C. PHYSICAN'S	22d. ADDRESS
NAME (Type) DR. R. J. WILLIAMS	122 S. CENTRE ST., CUMBÉRLAND, MD
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETE	
REMOVAL (Specify) 2/1/2/1966 Levels Co	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Johnson Funeral Home Berkeley Spg	s. W. WAEB 1 4 1966 Cleanles Judge

VR A15 (4) 2DM 1/65

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				JATIASS	10.19.00	344
88 E YOAHRES		SNYDES		OHOLY AR		
	1	.	,	37	THM	FJAL
1.8.0	M. M. Mar	onero-	opere de	-9 1277	0351	
	27,10,100	myn_(			307/12 - 13	5,440
ST., CUMPERLAND,	FLA OF H				3/6	
almirili tapi ,			ainvai			
			erkeley Sp			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending president and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND () 1617 **DIVISION OF STATISTICAL** 01670 CERTIFICATE OF

10.4					
1. PLACE DF DEA e. COUNTY	TH	EXECUTE OF THE		CE (Where deceased lived, If Institution: Re	esidence before admission)
	LLEGANY	MARYLAND	a. STATE MARY	LAND b. COUNTY ALI	EGANY
b. CITY OR TO	WN (if outside corporate limits,	c. LENGTH OF STAY IN 1		outside corporete limits, write RURAL	
	L and give nearest town) ROSTBURG	1 HOTTE	FROS	STBURG	01.1
	OSPITAL OR INSTITUTION (if not in	hospital, give street address		J. Bolta	e. IS RESIDENCE
	INERS HOSPITAL		197	EAST MAIN STREET	ON A FARM?
3. NAME OF	First	Middle	Last	4. DATE Month	Day Year
DECEASED (Type or print	HUGHEY	QUENTIN	SPIKER	DEATH FEBRUARY	26 19 66
5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS.
MALE	WHITE WIDOWE		MAY 8, 190	00 65 vrs. Months	Days Hours Min.
	ATION (Give kind of work done   10b. rking life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State, or foreign country)   12. Cl	TIZEN OF WHAT
BARBER	King life, even if retired)	VN BUSINESS	AT.T.EGAN		UNTRY?
13. FATHER'S NA		III DODINGDO	14. MOTHER'S MAIL		5 410
JOS	EPH SPIKER		VTRG	INIA MOORE	
15. WAS DECEASE	DEVER IN U.S. ARMED FORCES?   16	6. SOCIAL SECURITY NO.   1	7. INFORMANT		TBURG, MD.
NO (Yes, no, or unkown)	(If yes give war or dates of service)	13-09-6542 M	RS. QUENTIN		
18. CAUSE D	F DEATH [Enter only one cause per	line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute Coron	ary Ocelus	in & luggaine	ONSEL AND DEATH
420	DUE TO	1 .	6	•	12 lin -
Conditions, I	f any, which ) (b)	unrearden	Sulmarci	tion	
gave rise t cause (a),	Immediate (				
underlying ca	stating the	<i>V</i>			
PART II. OTHE		BUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT		N	ONE		YES NO
PART II. OTHER	T WAS UNDERLYING   20b.	DESCRIBE HOW INJURY O	CCURRED. (Enter neture o	f injury in Pert I or Part II of Item 18.	)
OR CONTRIBU	T WAS UNDERLYING   20b. TING   CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		~		
ZDc. TIME O	F INJURY Month, Day, Year   2Dd.	INJURY OCCURRED   20e.	PLACE OF INJURY (Home, fa	arm, 20f. (City or town) (Cou	nty) (State)
2Dc. TIME 0	1	e Not, wante	ectory, street, office bldg., e	etc.)	
	o.m. 19   at wo		2/2/ 1	966 to 2/26 196	6. that (I) (we) last
	eceased alive on 2	and the deceased from		F. Y.M., from the causes and on th	
22a. SIGNAJ		allu I	mar death occurred at		ATE SIGNED
(	torant suroth	16:10		MED. STAFF DIRECTOR PHYS.	28/11
22c. PHYSIC		of cur now.	22d. ADDRESS	DIRECTOR - THIS.	20/06
NAME	MARTIN M. F	ROTHSTEIN, M.	D. 48 BF	ROADWAY, FROSTBUE	RG. MD.
23a. BURIAL, CRI			ERY OR CREMATORY	23d. LOCATION (City, town or cou	nty) (State)
BURIAT	mation, 23b. Date thereof pecify) MARCH 1.196	56 FROSTBURG	PARK	FROSTBURG.	MARYLAND
24. FUNERAL PI	RECTOR	ADDRESS	25a. RE	C'D BY REGISTRAR   25b. REGISTRAR	SSIGNATURE
HAFER E	UNERAL HOME, 60	ROSTBÜRG, M WEST MATN	ARYLAND	7 1966 Jeliante	Judge
manner delice &	or an analytic property of the contract of the	A THE STATE OF THE	Carried to		

VR A15 (4) 15M 4-64

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

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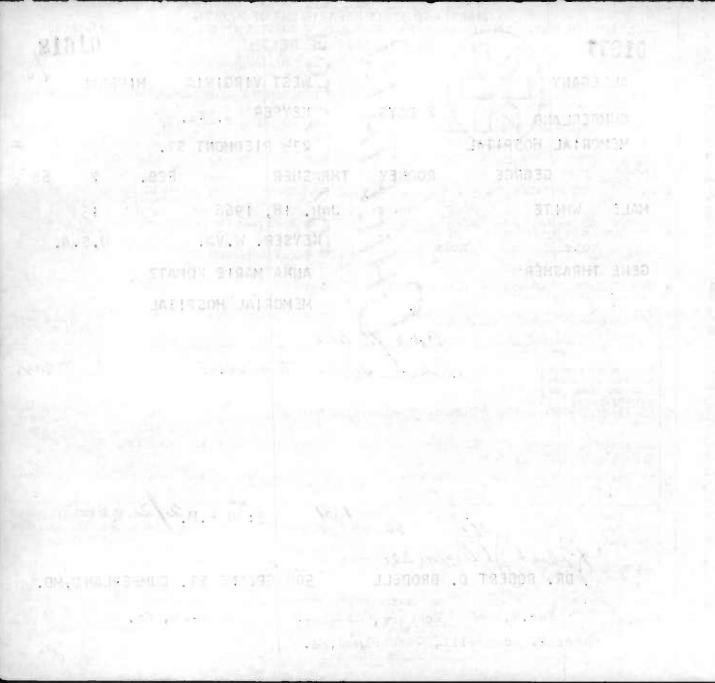
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tending physician and completely filled in by the funeral pit. Then please remove carbon papers. Pages 1 and 2 of removal, and in any event, within 72 hours after death executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. TO FUNERAL OIRECTOR: After this certificate has been signed by the after director, page 3 should be detached for use as the burial-transit permoshould be filed with the State Dept. of Health prior to burial, cremation, o

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

016	71	CERTIFICAT	E OF DEATH	1	01618
b. CITY OR T write RUR CUM d. NAME DF	EGANY OWN (if outside corporate limits, RAL and give nearest town)  MBFRL AND HOSPITAL OR INSTITUTION (if not in	MARYLAND c. LENGTH DF STAY IN 1b 2 DAYS hospital, give street address)	a. WEST V c. CITY OR TOWN (II KEYSER d. STREET ADDRESS	Foutside corporate limits, wri	titution: Residence before admission) INERAL ite RURAL and give nearest town)  On A FARM? YES ND
3. NAME DF DECEASED (Type or prin	t) GEORGE	RODNEY 1	HRASHER	4. DATE Month DF DEATH FEB.	Day Year 2 166
during most of w	PATION (Cive kind of work done orking life, even if retired)	NEVER WARRIED A	JAN. 18, 11. BIRTHPLACE (C	last birthday) yrs.  County & State, or foreign country	115
	THRASHER		ANNA MINFORMANT		
(Yes, no, or unkowi	n) (If yes give war or dates of service)	none	MEMORI		
18. CAUSE	OF DEATH [Enter only one cause pe DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		uie		INTERVAL BETWEEN ONSET AND DEATH
gave rise cause (a), underlying c	ER SIGNIFICANT CONDITIONS CONTRI			DISEASE CONDITION CIVEN IN	PERFORMED? YES ND
		. INJURY OCCURRED   2De. PLA	CE DF INJURY (Home, f rry, street, office bldg.,	farm, 20f. (City or town)	(County) (State)
21. I ce saw the 22a. SICNA	rtify that (I) (this hospital) attended	11	ATTENDING D. PHYS. 1 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	And on the date stated above.    22b. DATE SIGNED    BERLAND, MD.
23a. BURIAL, CF REMOVAL Burial 24. FUNERAL D	1560.4,1900	23c. NAME OF CEMETER' Eckhart, Cel ADDRESS Cumberlan	metery	Eckhart, Mc EC'D BY REGISTRAR 25b. RI	

VR A15 (4) 20M 1/65



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
Allegany MARYLAND	a. STATE b. COUNTY Allegany
b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Frostburg 44 years	Frostburg 0/-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
163 East Main Street	163 East Main Street YES NO ▼
3. NAME DF First Middle DECEASED Frank (Type or print) Frank	Via DEATH Feb. 15 19 66
F OFW	2 DATE OF RIDTH 19 ACE (In years   IF INDER 1 YEAR   IF INDER 24 HRS
Male White WIDOWED DIVORCED	last birthday) Months Days Hours Min.
	June 14, 10//   00 yrs.     11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND DF BUSINESS OR INDUSTRY	COUNTRY?
Retired Grocery-Produce Self Employed	
13. FATHER'S NAME BUSINESS	14. MOTHER'S MAIDEN NAME
Antonio Via	Rachel Sicoli
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address
no Ado	olph & Albert Via, Frostburg, Md.
18. CAUSE DF DEATH [Enter only one cause per tine for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET-AND DEATH
IMMEDIATE CAUSE (a)	my first
DUE 10	
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
foot	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
Hour a.m. p.m. 19   While   Not While   at work	
21. I certify that (I) (this hospital) attended the deceased from	1966, to 1511 15, 1966, that (1) (we) last
saw the deceased alive on 1966, and that	at death occurred M. from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
m-Michane M.	D. ATTENDING MED. DIRECTOR DIRECTOR PHYS. D Feb 16 146 6
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. W. O. McLane, M.D.	167 E. Main St., Frostburg, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY   23d. LOCATION (City, town or county) (State)
DESCRIPTION OF THE PROPERTY OF	Frostburg, Md.
24. FUNERAL DIRECTOR ADDRESS	Cemetery Frostburg, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
James F. Scarpelli, Cumberland, Md.	FEB 21 1966 (Climber Judge
	DAIL 0 4 1 1330 1

VR A15 (4) 15M 4-64

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executed within 24 hours after death.

Tage 4 may be retailed by the inspired of attending purposses.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then phase remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01673 CERTIFICATE OF DEATH

	01010	OERTH TOAT	- OI DEAII			0 -	r Out ()	1
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	CE (Where decea			before admi	Ission)
١,	ALLEGANY	MARYLAND	a. STATE	ARYLAND	b. COUNTY	ALLEG	ANY	
	b. CITY DR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I		rate limits, write			town)
	write RURAL and give nearest town) FROSTBURG.	O LIMBIA	ר יחס	FROSTBU	na	01	1	
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in he	S WEEKS ospital, give street address)	d. STREET ADDRESS		MG,	- 1	. IS RESID	ENCE
		, , , , , , , , , , , , , , , , , , , ,					ON A FAI	RM?
3.	WELSH HILL							KX d
3.	NAME DF First DECEASED	Middle	Last	4. DATE	Month	Day	,	. ,
E	(Type or print) EDITH SEX   6, COLOR DR RACE   7 MARRIED	Α.	WALKER		FEBRUARY	14TH	7	06
5.	SEX 6. COLOR DR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. /	GE (In years IF ast birthday)	onths   Days		Min.
	FEMALE   WHITE   WIDOWED		EPT. 14th,	1886	79 yrs.			
10a		IND OF BUSINESS OR	11. BIRTHPLACE (C	County & State, or	foreign country)	12. CITIZEN COUNTRY	OF WHAT	
	HOUSEWIFE		MARYL	AND		US		
13	. FATHER'S NAME		14. MOTHER'S MAII	DEN NAME			1	
	GEORGE ADAMS		EDITH	GRIFFTT	т			
	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SDCIAL SECURITY ND.   17.	INFORMANT	CHULLI II	Addrose	HILL,		
(1	es, no, or unkown) (If yes give war or dates of service)	-10-9346 MRS	S. RAYMOND	MONAHAN,	FROSTBU			
	18. CAUSE OF DEATH [Enter only one cause peri		S. ICALMOND	D. A. A.	TIODIDE	INTE	RVAL BETW	/EEN
	PART I. DEATH WAS CAUSED BY:	AS Acar Dans	a ALKE	Alun	7	ONS	ET AND DE	HTA
- 7	154 IMMEDIATE CAUSE (a)	- continu	Cycf			- 4	1100	
	Cenditions, If any, which							
34	gave rise to Immediate							
	cause (a), stating the DUE TO							
z	underlying cause last. ) (c)	TING TO BOATH OUT NOT DO		DIAGONA		77463 [10	WAD AUTE	DOV
T 10	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASECONDI	I ION GIVEN IN PA	RT 1(a) 19.	WAS AUTO PERFORM	
FIC						YE	S NO	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DOR CONTRIBUTING 20b. CONTRIBUTING 20b. CONTRIBUTION 20b. CONTRIBUTION MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	f Injury in Part	or Part II of I	tem 18.)		
CAL	20c. TIME OF INJURY Month, Day, Year   20d. If	NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, f	arm, 20f. (CI	ty or town)	(County)	(Sta	ite)
MEDICAL	Hour a.m. While p.m. 19 at work	MOT MUIIO	ry, street, office bldg., e	etc.)				
Σ	21. I certify that (I) (this hospital) attended		PR. I	0/25 4- 6	00 14	, 1906, th	ah (II) fuual	look
H	saw the deceased alive on	19 /2/2 and that	death occurred	9/23, to	the causes ar			
13	22a. SIGNATURE	13222, and that	death occorred at	W, Holl		22b. DATE SIG		DOVE
	woll Lane	M.D	. PHYS.	MED. DIRECTOR	STAFF PHYS.	Dea 1	5196	6
×	V. O. McLANE,	, 11	22d. ADDRESS 167 E	. MAIN S	T., FROS	TBURG,	MD.	
232		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, tow	n or county)	(Stat	e)
	BURIAT, 2-16-66	F'BG. MEMORIA	AT. PARK	FRO	STBURG.		MD.	
24		ADDRESS		C'D BY REGISTI		ISTRAR'S SIGN		
	JOSEPH R. DURST, SR.,	FROSTBURG, MI	D. DAFEEL	3 18 19	ss gel	arley &	udge	

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O1574

CERTIFICATE OF DEATH

F	
1. PLACE OF DEATH a. COUNTY Allegany MARYIAND	2. USUAL RESIDENCE (Where deceased lired, If institution: Residence before admission) a. STATE Maryland b. COUNTY Allegany
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cumberland 40 years	Cumberland 0/-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
721 Glenmore Street	721 Glenmore St. YES□ ND 🛣
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Jesse Harold	Weaver DEATH Feb. 4 19 66
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NEVER MARRIED   OIVORCED	8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   April 14, 1904 61 vrs.   Months   Oays   Hours   Min.
10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired)  B&O Engineer  Railroad	Thomas W. Va. COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Weaver	Alice Gross
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY ND.   17.	INFDRMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) Mx	cs. Clara Weaver, Cumberland, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	oronary prombores Cento
DUE TO DIE TO	76 0000
Cenditions, if any, which gave rise to immediate (b)	January 2 1/2
cause (a), stating the OUE TO	2411
underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
TAKT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PANTA BUT NOT RED	PERFORMED?  YES NO
☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
9 factor	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) bry, street, office bldg., etc.)
Hour a.m. p.m. 19 While Not While at work	
21. I certify that (I) (this hospital) attended the deceased from	O.e. 1, 1965, to Jul 4, 1966, that (1) (we) last
saw the deceased alive on 22a. SIGNATURE.	t death occurred atM, from the causes and on the date stated above.
elley. Surrett M.	D. ATTENDING MED. STAFF PHYS.   Feb. 4, 1966
NAME (Type) Dr. Clay E. Durrett, M.D.	22d. ADDRESS 236 Virginia Ave., Cumberland, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify)	
Burial Feb. 7, 1900 Restlawn Men	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
James F. Scarpelli, Cumberland, Ma	1. DATE B 8 1966 Clearley Judge

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending in the same completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0167	j	т. #	CERTIFICAT	E OF DEATH		01625
1.	PLACE DF DEAT a. COUNTY	Н	±tem #	0 F11M #53()	e. STATE	E (Where deceased lived, If institute b. COUNTY	
		ALLEGANY		MARYLAND	2	YLAND	ALLEGANY
	b. CITY OR TOW Write RURAL	/N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If o	outside corporate limits, write	RURAL end give nearest town)
(	CUMBERLA			11 HRS.	MT. SAV	AGE	01=1
	d. NAME OF HD	SPITAL OR INSTITUTION	ON (if not in hos	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	SACRED I	HEART HOSPI	TAL		Calla H	ill	YES ND X
3.	NAME DF DECEASED	FI	irst	Middle	Lest	4. DATE Month	Day Year
	(Type or print)	GERTRU	DE	REGINA	WERNER	DEATH Februa:	
5.	SEX	6. CDLDR DR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
F	EMALE	WHITE	WIDOWED	DIVORCED	11-15-1889/	77 vrs.	onths Days Hours Min.
		TIDN (Give kind of work	done   1Db. KI	ND OF BUSINESS OR	1 1 1-1	unty & State, or foreign country)	12. CITIZEN OF WHAT
lur		ing life, even if retire	ed) INI	DUSTRY	DA Dans	1	COUNTRY? USA
12	Vomest FATHER'S NAM		Char	ch Rectory	PA. Poca	hontas	USA
AU.							
		rmon Baer			Anna Lo		
15 (Ye	s. no. or unkown)	EVER IN U.S. ARMED FI	of service)		INFORMANT	Address	
	No,		21	4-16-2269	PATIENT'S	CHART	
1	18. CAUSE DF	DEATH [Enter only on	ie cause per lin	e for (a), (b), end (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. D	EATH WAS CAUSED BY	Acute	Posterior Myo	cardial Infa	erction	12 hours
	420	/		103001101 100	Car dirat IIII		
	Cenditions, if	DUE		iogolemotic Co	adiove en l'am	Disease with	
	gave rise to	Immediate /					14
	cause (a), s					and several of	
z	underlying cau		(c)	myocardial inf	arctions.	ISEASE CONDITION GIVEN IN PA	RT1(a) 119. WAS AUTDPSY
2	PARTIT. DIHER	SIGNIFICANT CONDITT	DM2 COMIKIBUI	ING TO DEATH BUT NOT KEL	ATED TO THE TERMINAL D	19EV2E COUDITION GLACK IN LY	PERFURMEDI
2							YES ND
RT	2Da. ACCIDENT	WAS UNDERLYING	TH 2Db. DI	ESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	injury in Part I or Part II of I	tem 18.)
CE	(IF EITHER, ND	ING CAUSE OF DEA	NER)				
CAL	2Dc. TIME OF	INJURY Month, Day,	Year   2Dd. IN	JURY OCCURRED   2De. PLA	CE OF INJURY (Home, far	rm, 20f. (City or town)	(County) (State)
	Hour a.		While	Not While	ory, street, office bldg., et	(C.)	
Σ		m. 19	at work		h 7 10	66 A. The beautiful of	10 66 that (1) (wa) look
						66, to February	
	saw the de		bruary .	19 on and tha		2.55, from the causes an	22b. DATE SIGNED
-		Last.		1 2		VED STAFF	
	22c. Prisici	and DI	my	A WITH	D. PHYS. D. D. 1 22d. ADDRESS	DIRECTOR PHYS.	2-2-66
<	NAME (T		Doerne	r, Jr., M.D.		echanic St., Cum	berland, Md.
232		MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	Y OR CREMATDRY	23d. LOCATION (City, town	n or county) (State)
	REMOVAL (Sp Burial	eclfy) 2/5/6	6	St. Patrick'	A Comotonii	Mount Savage	Maruland
24	. FUNERAL DIR			ADDRESS	25a REC	D BY REGISTRAR   25b. REG	ISTRAR'S SIGNATURE
- '			Cumbons	Land, Maryland	EED		when Judge
	n. way	ne ocorige	Cumbou	aria, mary cara	DATE-	10001	- The state of the

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01676

#### CERTIFICATE OF DEATH

01623

	OT-					
1	1. PLACE OF DEATH			CTATE	Where deceased lived, if institution: Residence	ce before admissian)
1	a. COUNTY ALLEG	ANY	MARYLAND	o. STATE Mar	yland b. COUNTY ALI	EGANY
-	b. CITY OR TOWN (If autside	carparate limits,	c, LENGTH OF STAY IN 1b		itside corporate limits, write RURAL and give	nearest tawn)
	write RURAL and give ne	earest tawn)	5 Days	Cumberlan	nd Bowling Ereen	01-1
		ISTITUTION (If nat in haspital,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
4	Sacred Hea	rt Hospital		12 Popla		YES NO X
	NAME OF DECEASED (Type or print)	Walter	Middle Lewis	Wheeler	4. DATE Month OF February	9 19 66
1		or or race 7. Married Widowed	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7-11-93	9. AGE (In years IF UNDER )  10st birthday)  72 Yrs.	Days Haurs Min.
	10a. USUAL OCCUPATION (Give ki during most af working life, even MACHLMS T		IND OF BUSINESS OR IDUSTRY			IZEN OF WHAT UNTRY?
Ī	13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME	
-	Wesley Wheel	er		Annie -	Taylor	
	1S. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (If yes gi	ive war or dotes of service)	SOCIAL SECURITY NO. 17.	Patient's ch	. Addross	ling Greene
F	1B. CAUSE OF DEATH (En	ter anly ane cause per line far	(a), (b), and (c).)	<del></del> 1		INTERVAL BETWEEN
ı	PART I. DEATH WAS	CAUSED BY:  AMEDIATE CAUSE (a)	arcinema	alones		ONSET AND DEATH
ı	1574	DUE TO		1. 1.1	It a part	
ı	Conditions, if any, which grise to immediate couse		arcurent	headof	the Pancreas	
ı	stating the underlying co		metaster	a to Kater	er ·	
ı	last.	(c)				
	PART II. OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERI OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.}	
	20c. TIME OF INJURY Mor Hour o.m.	nth, Doy, Year 20d. I While 19 at war	Not While fac	CE OF INJURY (Home, farm tary, street, affice bldg., etc.)		unty) (State)
	21. I certify that		ded the deceased from	t death accurred at	19 <u>66</u> , to <u>2</u> - 7, 196 M, fram couses and an th	
	22a. SIGNATURE	Pag Woher	thr M.	D. ATTENDING D. PHYS.	MED. STAFF 22b. D/	ATE SIGNED - 11 - 66
1	NAME (Type)	Almar Robert	Welverton R	13 708 HA	PRISON ST CUM	berland MD
F	230 BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
-	REMOVAL (Specify)	2/12/66	Sunset Memor	ial Park	C Cumberland, Md	
	24. FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR 2Sb. REGISTRAR'S S	
1	H Way	ino Gonzao	Cumbonland Ma	DATEE	1 4 1966 Milanle	2 Judge

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dent of Health print of purial cremation are movel and in any event-within 77 hours after feeth Page 4 may be retained by the hospital or attending physician.

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			LT "Y-03-285"	

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# MARYLAND STATE DEPARTMENT OF HEALTH

<b>DIVISION</b>	OF	STATISTICAL	RESEARCH	AND	RECOR	DS —	BALTIA
		CEI	RTIFIC	ATE	OF	DEA	ATH

PICATE OF BEATH	
FICATE OF DEATH	01629

01677			CERTIF	ICA	TE OF DEATH				1	116	24
1. PLACE OF DEATH o. COUNTY	legany		MARYL	LAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased	d lived. If institution b. COUNTY	~	nce befo	1 1	on)
b. CITY OR TOWN (If autside carporate limits, write   c. LENGTH OF STAY IN 1b				c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
RURAL and give nearest town) Frostburg 2 months				Grantsville //- 2							
d. NAME OF HOSPIT	FAL (If not in haspital,	give street			d. STREET ADDRESS					e. IS RESI	
or institution Miners	Hospital			153							NO [
3. NAME OF DECEASED (Type or print)	Charles S	rst Samos	Middle	r	Last	4. DATE OF DEATH	Mon Feb.	th 27.	Do	'	'ear 9 66
S. SEX			HED NEVER MARRIE		B. DATE OF BIRTH		9. AGE (In years			IF UNDE	
M	W	WIDOWI	DIVORCED		10/1/1880		last birthday) yrs.	Months	Days	Haurs	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDU	STRY 11. BIRTHPLACE (Stote	or foreign o	ountry)	12. CI	TIZEN O	WHATC	OUNTRY
	arber	O	on Busine	SS	Frostbur	g, M	Id.	1	U	SA	
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
Gustave	X Zeller				Maretta	Work	man				
IS. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		Add	ress	9.1		
(Yes, no, or unknown)	(If yes, give war ar dates of	service)		Ro	bert Zeller	c, C1	eveland	1, 0	hio		
Conditions, if o	mmediate Dus T	o) Ma	ERITONITIS EXASTATIC		TERMINAL ARCINOMA-		es กับ AL	)	-	LyR	s.
lying couse lost.		c) Ch	RCINOMA	0	F THE PRU.	577977	<u> </u>		7	YRS	1
PART II. OTI	HER SIGNIFICANT COM	NDITIONS (		ON	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	RMED?
	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CCURRE	D. (Enter noture of injury in P	art I or Por	rt II of item 1B.)				
20c. TIME OF INJUF Hour a. m. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED Not white		ACE OF INJURY (Hame, farm, ctory, street, office litting, etc.		y ar tawn)		(County)		(Stote
	ot (I) (this haspita	- /	ded the deceased		2/24 , 19 leath accurred at 15	43	a/27			1 1 1	
220. SIGNATURE	stiver?	the	ten we	7	ATTENDING ME		STAFF			2/2	DATE SIGNED
22c. PHYSICIAN'S NAME (Type) MARTIN	M. ROTH	STEIN	M.D.		22d. ADDRESS 48 BROAL	WAY	1 - FROSI	BUL	19-	MD.	215.
23a. BURIAL, CREMATIC	ON, 23b. DATE THERE	OF	23c. NAME OF CEME	TERY O	R CREMATORY	23d. LOCA	TION (City, town,	or county)		(State	e)
REMOVAL (Specify)	3/2/66		Frostbur	eg I	Mem. Park	Fros	tburg, A	lleg	any	, , Mc	1.
24. FUNERAL DIRECTOR		1	ADDRESS			D BY REGIS					
Vanta	numan	/	Grantsvi	111	e, Md. pare R	1 1	1966 120	larl	en Je	edge	

